

Peterborough City Council
Safeguarding Improvement Plan

December 2011

Contents

Commitment of Improvement Board Members	Page 3
The Improvement Plan	Page 4
Governance arrangements	Page 4
Overall context	Page 5
National and local context – challenges	Page 5
Partnership vision for children and young people	Page 5
Strengths	Page 6
Areas for Improvement	Page 7
Approach to improvement	Page 9
Our leadership style to secure the improvements	Page 11
The Peterborough core strategy – Ten Core tasks	Page 12
Improvement Plan detailed actions	Page 13

Appendices

Appendix 1: Ofsted recommendations	Page 37
Appendix 2: Leads and job titles	Page 39

Commitment of Improvement Board Members

As members of the Improvement Board, we confirm our commitment to the impacts and actions described in this Improvement Plan. We endorse the actions as appropriate and plausible. We agree to work collaboratively to secure the impacts set out in the plan and to embed the changed practices designed to ensure better and sustainable life chances for the children and young people of Peterborough.

List of Board Members:

Signed.....Dated.....
Jane Held, Independent Chair

Signed.....Dated.....
Cllr John Holdich, Cabinet Member for Education, Skills and University

Signed.....Dated.....
Cllr Sheila Scott, Cabinet Member for Children’s Services

Signed.....Dated.....
Gillian Beasley, Chief Executive Peterborough City Council

Signed.....Dated.....
Malcolm Newsam, Executive Director of Children’s Services

Signed.....Dated.....
Mark Hopkins, Assistant Chief Constable Cambridgeshire Constabulary

Signed.....Dated.....
Flick Schofield, Chair of Peterborough Safeguarding Children Board

Signed.....Dated.....
Debbie Jenkins, Department for Education

Signed.....Dated.....
Mandy Renton,

Signed.....Dated.....
Mike Sandeman, Head Teacher of Arthur Mellows Village College

The Peterborough Improvement Plan

This document describes the planned actions to improve services to children in Peterborough. It outlines immediate as well as longer term actions to embed an understanding of the type of focus that should be maintained, irrespective of various ongoing external and internal challenges.

Partners across a range of agencies including Health, Education, Police and Probation have contributed to this plan and will be actively involved in its achievement.

Governance Arrangements

An Improvement Board was established in November 2011 to support rapid and sustainable improvement of services that safeguard children. Its key roles are to agree, monitor and report progress on the actions in the Improvement Plan. This will include monitoring the targets set out in the Peterborough City Council Improvement Notice issued by the Secretary of State in January 2012. The Board has an independent chair, Jane Held, who has been approved by the Parliamentary Under Secretary of State for the Department for Education. She will report directly to the Minister and the Leader of the Council on progress on a quarterly basis.

The Board will meet monthly and its membership will include:

- Jane Held, Independent Chair
- Cllr Sheila Scott, Cabinet Member for Children's Services
- Cllr John Holdich, Cabinet Member for Education, Skills and University
- Gillian Beasley, Chief Executive, Peterborough City Council
- Malcolm Newsam, Interim Director of Children's Services
- Mandy Renton, Executive Nurse for NHS Cambridgeshire and Peterborough
- Mark Hopkins, Assistant Chief Constable Cambridgeshire Constabulary
- Flick Schofield, Independent Chair of Peterborough Safeguarding Children Board
- Debbie Jenkins, Department for Education
- Mike Sandeman, Head Teacher of Arthur Mellows Village College

The Board's work will also be reporting to:

- Peterborough Children's Trust Board
- Peterborough Safeguarding Children's Board
- Members of Peterborough County Council
- NHS PCT Board

Overall Context

Peterborough received a safeguarding and looked after children inspection in March 2010 which found that safeguarding arrangements were inadequate. In February 2011 an unannounced inspection of Peterborough Council's contact and referral arrangements found some areas of improvement from the earlier inspection although 10 areas for development were identified. The purpose of the follow up inspection in August 2011 was to evaluate the progress and contribution made by relevant services in the local area since the previous inspections towards ensuring that children and young people were properly safeguarded. This inspection rated safeguarding services delivered by the partners in Peterborough as inadequate

National and Local Context – Challenges

The demography of Peterborough is rapidly changing. There are 44,300 children and young people aged 0 – 19 years in the council area with 24% of this population living in poverty. There has been a particularly high influx of families from Eastern Europe but other cultures and ethnic groups are represented in the city. Within the current child population 99 different languages are spoken and 27% of school pupils have English as their second language. There are marked differences in the levels of deprivation and affluence in Peterborough with some wards represented in the highest quartile of deprivation and others in the top quartile for affluence

Partnership Vision for Children and Young People

'All children and young people in Peterborough have the right to be safe, to be healthy and happy and to be given the opportunity to achieve their aspirations.'

We recognise that our aspirations for achieving our vision have to be tempered by the reality of the challenges that we face. It is more important than ever that we focus on our core priorities in order to make progress toward our vision. Financial challenges require us to make decisions that will impact on our capacity to achieve our vision. We therefore need to ensure that every penny we spend and every decision we make has the greatest impact on improving children's lives.

Strengths

Despite the inspection judgement of 'inadequate' (including some serious and significant areas of concern) there are many commendable aspects of the service currently in place to support vulnerable children. Inspectors highlighted these in their feedback and report. These included:

- Safeguarding awareness across the partnership is generally good and agencies are appropriately identifying children and young people who may be at risk of harm. Arrangements within schools for safeguarding are suitably robust and processes in health are also effective
- Despite the concerns about capacity, elected members have demonstrated a consistent and sustained commitment to strengthen safeguarding arrangements in Peterborough, including the allocation of additional resources. There is assurance that this commitment will continue as the council and partners respond to the recommendations arising from this inspection
- Caseloads are reducing towards the average target of 25 per social worker
- The council's existing recruitment practice is safe and is continuously reviewed and updated
- Children and young people interviewed as part of the inspection confirmed that they generally felt safe in the community
- There is a strong corporate commitment to community cohesion and safety exemplified by recent proactive work to respond to the potential for riots witnessed elsewhere in the country. Action taken was comprehensive and young people worked well with the Police to communicate positive messages using social networking sites which clearly had an impact in maintaining calm and order in the city
- A good anti-bullying strategy (Becoming Brave) promotes the use of mentors, buddies and the provision of support for children and young people who may be witnessing parental domestic violence at home
- A robust missing from school protocol has been developed and is currently the subject of consultation within the partnership
- Safeguarding in schools has been judged mostly good and some outstanding by Ofsted inspections. All schools, including faith schools have designated and trained safeguarding staff. There is good awareness of safeguarding within schools leading to appropriate contacts and referrals to social care services

- An unannounced inspection of the adoption service in November 2011 rated the service as good.
- An unannounced inspection of the fostering service in November 2011 rated the service as satisfactory overall with some good features
- One children's home has been judged as good and two as outstanding
- One children's centre provides a broad range of preventative services to families in a high quality physical resource

Areas for Improvement

The Improvement Notice has reinforced the Ofsted report recommendations and has stated that the council must demonstrate evidence of improvements by:

Social Care

1. Reviewing the council's contact centre arrangements to ensure that the service has the right capacity and capability and roles are clearly defined and ensure that there are clear lines of accountability for decision making and planning decisions between the contact centre and the referrals and assessment service
2. Ensuring that staff in the contact centre have a clear understanding of the council's thresholds to be able to respond to contacts and referrals with the aim of reducing the number of inappropriate referrals passed onto the referral and assessment service
3. Reviewing the council's policies and guidance on access to children's social care including establishing clear definitions of 'contact' and 'referral' and ensuring that these thresholds are understood and implemented consistently by all staff, partners and agencies of the council
4. Increasing the understanding and use of the CAFs across all partner agencies and ensure the council is monitoring the use of and impact of CAF by partner agencies
5. Review and revise the council's quality assurance framework and ensure it is in place and in line with standards set out in statutory guidance. The quality assurance framework is to include regular auditing arrangements of the quality of case files with independent challenge and scrutiny. The proportion of cases to be audited and frequency in which they will be audited should be agreed by the Improvement Board. A report of the results of the auditing process must be made available to the Board for consideration and the council must demonstrate how they have taken action against the recommendations in order to maintain and to continue to improve the quality of social work practice

6. Using the revised quality assurance framework, ensure that all management oversight and decision making on cases is set out in details on each case file, and audit management information confirms that this has been carried out satisfactorily
7. Improving the quality of assessments and risk assessment by ensuring that staff understand what a good assessment or care plan must contain as set out in 'Working Together to Safeguard Children 2010'. This should be measured and evidenced through regular case and supervision auditing
8. Ensuring assessments should contain a level of detailed analysis as set out in 'Working Together to Safeguard Children 2010' and include the views of children and young people, their parents/carers and other agencies and ensure they are reflected in decision making and review processes
9. Ensuring that all children and young people within the social care system are given the right level of protection and those who are subject to a 'children in need' or 'child protection' plan are given an appropriate plan within timescale with clear and focused outcomes which highlight specific needs and risk
10. Ensuring that a robust implementation plan is in place for the council's new ICS and regular updates on the development and implementation are presented at the Improvement Board highlighting where issues have occurred and what action has been taken to address them
11. Informed by a service needs analysis, develop an overall workforce strategy, clearly identifying the council's recruitment and retention strategies and how it will link to improving the quality of services with the council
12. Review social workers' responsibilities and workloads to ensure they are clearly defined and that workloads are measured and manageable; ensure that the Improvement Board receives management information to confirm the improvements are achieved and sustained
13. Developing and implementing a programme of induction, training and mentoring and continuous professional development for all social care staff and ensuring that staff have access to training and development opportunities that meet their needs and the needs of the service
14. Ensuring that the council's supervision policy and procedures are developed and embedded and all staff are given the right level and quality of supervision and management support which will identify strengths and areas for development in practice, training and professional development that will contribute to improved service delivery

Partnership and Governance

15. Ensuring the vision for the service is implemented across children's services, and that partners and all staff have a clear understanding of the ambition and vision for the council and how they contribute to the overall improvement

16. Establishing a strong safeguarding leadership team with clear and effective line of accountabilities to ensure an effective delivery of children's services
17. Establishing clear remits for the Improvement Board, Children's Trust and the Local Safeguarding Children Board so partners are aware of the overall governance, lines of accountability and specific roles of each in driving forward improvement

Support Measures

Improvement in these circumstances places additional pressures and higher expectations in terms of the performance of both senior officers and members. Therefore the council must:

- Work with representatives of the Children's Improvement Board to formalise a package of sector support to address the issues set out in the inspection and diagnostic review. The package of support should include peer mentoring arrangements for the Lead Member for Children's Services to support her in leading the change required and peer challenge and scrutiny at the Improvement Board. A further package of peer support for managers and front line staff may be considered subject to the direction of the Improvement Board
- Put in place scrutiny arrangements to allow Members and the Local Safeguarding Children's Board, to scrutinise and challenge social care practice once the necessary improvements have been made

Our Approach to Improvement

Our action plan has been built around six pillars of improvement. These are:

Pillar One: Providing confident leadership and management across children's services

- A clear vision and sense of direction
- Modeling professional competence, confidence and self belief
- Providing leadership at every level
- Prioritising and pacing the actions to achieve change so that it is manageable, achievable and sustainable
- Communicating clear expectations throughout the organisation and across the Peterborough Children's Trust partnership
- Supporting, problem solving and listening (including high quality supervision)
- Rewarding and celebrating excellence
- At all levels, holding people to account for poor performance
- Management that is responsible, proactive and solution-focused

Pillar Two: Putting in place effective front-line practice

- Effective multi-agency early intervention and prevention
- Consistent implementation of thresholds, appropriate management of risk and confidence in knowing when to intervene
- A robust, consistent system for responding to referrals, underpinned by high quality practice standards
- A high quality child centered social work assessment service supported by timely decision making
- A high quality family support service
- Building a range of services which support families and their children at the earliest possible point

Pillar Three: Creating an organisation fit for purpose

- Putting in place an effective and sustainable structure
- Ensuring accountability and compliance throughout the organisation
- Establishing clear priorities and aligning resources to meet them
- Promoting a culture that embeds the Peterborough behaviours and competencies
- Ensuring front-line teams receive the infrastructure support they need
- Front door services delivered from offices that are fit for purpose and adequately supported by IT and other systems

Pillar Four: Strengthening partnerships to make a difference

- A shared vision by all partners and a commitment to work together to improve services to safeguard and look after children and young people
- A Children's Trust that drives better outcomes for all children and young people
- A Safeguarding Children's Board that supports high quality safeguarding and is open, challenging and honest across the partnership
- Joint commissioning of services that keep children safe and free from harm

Pillar Five: Becoming the employer of choice in the region

- Effective source and supply of social workers and managers
- A compelling offer (reward package for recruitment and retention)
- Ongoing recruitment and retention actions
- Induction for a range of staff recruited from different countries and at different levels
- Long term focus on the growth and development of the children's workforce
- Sufficient line management and supervision capacity to guide and support front line workers so they feel safe in carrying out their duties
- An excellent supervision, training and development programme for staff at every level in the organisation

Pillar Six: Robustly managing performance

- A comprehensive performance system
- Accurate and timely management information
- A personal accountability structure
- Individual analysis and intervention
- Individual achievement measured
- An effective model of management and supervision
- Supervision and support is informed by management information
- Effective quality assurance of practice

Our Leadership Style to Secure the Improvements

Members and officers are determined to deliver rapid, visible and sustainable improvement to our children's services. Our approach will be steered by the following characteristics:

- **A sense of urgency** – we know that the current situation is unacceptable and we will not rest until services for children are safe
- **Connection to the Front-Line** - listening, understanding, supporting and taking action to assist front-line staff to do a good job
- **An unremitting focus on what is important** - fixing the most important things first
- **Management grip** - driven by strong performance management and tackling problems as they arise in an ongoing way
- **Intolerance of the unacceptable behaviours** - the first step of our improvement journey will be to eradicate unacceptable practice and unacceptable behaviours
- **Complete transparency** - we will produce information that allows elected members, partners, government and the public to understand our progress. Creating a culture of openness to encourage staff to raise concerns/issues

OUR CORE STRATEGY – THE TEN CORE TASKS

This Improvement Plan will deliver sustained improvement across all of children's services leading to improved outcomes for children and young people in Peterborough. Our core strategy, however, focuses on tackling those areas of greatest risk first and laying the foundations for more effective practice. The core tasks are as follows, and will be implemented over the next six months:

1. Bring in additional staff to reduce the number of unallocated cases, reduce numbers of incomplete assessments and restore timely assessment timescales.
2. Restore reasonable workloads by rebasing the establishment to ensure sufficient qualified staff and team managers
3. Strengthening the quality of work undertaken in the assessment teams through better organisation and supported by robust supervision, audit and performance monitoring.
4. Reducing workloads by restoring throughput, pruning caseloads and reducing the number of children in need.
5. Making structural changes for handling contacts referrals and assessments and introducing family support teams.
6. Strengthening leadership, accountability and the quality of supervision through recruitment, training, and performance management.
7. Implementing an effective management information and quality assurance framework.
8. Filling resource gaps by more effective recruitment and putting in place a compelling workforce
9. Building an effective commissioning framework and range of preventive services
10. Providing front line teams with suitable ICT arrangements, business support and working arrangements.

Detailed Actions

OR = Ofsted Report (See appendix one, page 35 of this report)

IN = Improvement Notice (See page 7 of this report)

Pillar One: Providing confident leadership and management across children's services					
Key Objectives: Communication regarding the expectations of leaders and managers; Developing a culture where leaders and managers fulfill their roles and responsibilities and demonstrate recognition that they are accountable for delivering high quality services; Well targeted, clear communications that ensure all staff and stakeholders are informed and able to influence the way forward; Rewarding and celebrating high quality practice; Corporate parenting that is effective.					
Accountable Leads: Malcolm Newsam					
Reference	Actions	Timescale	RAG	Delivery Lead	Targets and Measures
1.1 Outcome: Leaders and managers are clear about expectations and gaps in knowledge and good management practices are identified					
1.1.1 <i>Links to OR 1</i>	Conduct and complete a leadership and management survey with senior managers. Engage managers and leaders in identifying leaderships gaps and strengths in order to fulfill their roles in delivering high quality services	31.01.12			<ul style="list-style-type: none"> A gap analysis completed that will link guidance to practice, against which management can assessed
1.1.2 <i>Links to OR 5</i>	Produce and issue clear guidance for leadership and management roles. Principles to include responsibilities and accountabilities for managers and staff	31.03.12			<ul style="list-style-type: none"> Leadership and management best practice guide published to all managers and supervisors
1.1.3 <i>Links to OR 11</i>	Across the department, put in place a programme which establishes and promotes the new leadership competencies and required behaviours and expectations of leaders, managers	31.03.12			<ul style="list-style-type: none"> Programme developed and timetable implemented Evaluation and review of the impact of the programme

	and staff to ensure they are clear about what is required				informed by staff feedback
1.1.4 <i>Links to OR 1</i>	Validate findings from leadership and management survey with mandatory questionnaire	29.02.12			<ul style="list-style-type: none"> Engage staff in assessment of leadership and management Feedback obtained to inform amendments to leadership and management programme
1.1.5	All senior managers to complete 360° assessment based on competency in role	31.03.12			<ul style="list-style-type: none"> Engagement of senior managers in their continuous professional development
1.2 Outcome – Leadership and management capability is evaluated and action is take to result in improvement as required					
1.2.1	Assess leadership and managerial capability at the senior management level via an assessment centre to identify gaps in knowledge				<ul style="list-style-type: none"> Agreed assessment centre schedule developed and implemented with details of the agreed areas of competency that are to be measured Produce report on findings within two weeks of assessment completion
1.2.1	Deliver targeted performance management workshops for senior managers and team leaders focusing on key performance themes identified through leadership and management survey and outcomes from assessment centre. The workshops will be linked to case studies pertinent and relevant to the delivery of high quality children’s services				<ul style="list-style-type: none"> Managers start to personify, demonstrate and communicate high quality leadership behaviours to staff
1.2.3	Develop a targeted response to identified needs in relation to essential leadership and management skills (for individuals	31.01.12 – 29.02.12			<ul style="list-style-type: none"> Action plan designed with two weeks of assessment completion

	and the management team)				
1.2.4	Implement individual leadership and management development plans	31 March 2012			<ul style="list-style-type: none"> Individual learning and development plans are updated in response to the recommendations of the assessment centre
1.2.5	Provide access to coaching, and/or mentoring for the senior management team.				<ul style="list-style-type: none"> Coaching/mentoring Sessions offered/delivered to individual staff. Additional sessions offered as appropriate
1.2.6	Develop succession planning/talent management systems to nurture and utilise new leadership/managerial capabilities to meet immediate priorities and plan for continued performance improvement Complete HR review of teams to identify staff with potential and underperformance	31.01.12 – 31.03.12			<ul style="list-style-type: none"> Existing 'talent' is utilised effectively, good practice is role modelled and shared. To be measured via staff feedback and written evidence of sharing mechanisms/activities and timetables Use newly established Capability framework to inform personal development reports
1.3 Outcome: Staff and stakeholders report that they are kept abreast of developments in the improvement agenda and feel able to influence future developments. Well targeted, clear communications that ensure all staff, partners and service users are informed and able to influence the way forward					
1.3.1	Produce a communications and engagement strategy including face-to-face and online interaction and written information (Internal and external)				<ul style="list-style-type: none"> Strategy developed and signed off with implementation plan Strategy implemented Use InSite page to help teams to access practice tools and research.
1.3.2	Corporate Director, to carry out a series of open forums communicating the improvement plan to all staff				<ul style="list-style-type: none"> Visible leadership in communicating expectations and desire for excellence in safeguarding children to all staff

1.3.3	Obtain feedback from staff, partner agencies and service users (including children and young people) and use their views to inform the improvement actions including the re-design of the service	31.01.12 – 31.07.12 Review regularly thereafter			<ul style="list-style-type: none"> • Feedback gathered and used when improvement actions are being undertaken and when services are being developed or commissioned • Termly meetings established with Head Teachers
1.4 Outcome: Social work staff are engaged in the excellence award process, have aspirations to be part of it, and report that it makes them feel valued					
1.4.1	Ensure that PCC's excellence awards reward and recognition mechanisms are appropriately, fairly and transparently applied to recognise good/high performance	03.01.12 – 31.03.12			<ul style="list-style-type: none"> • Surveys confirm that managers and staff are confident that good performance is recognised and reinforced through the reward system
1.4.2	Encourage managers to recognise individual and team contributions and nominate staff appropriately	03.01.12 onwards			<ul style="list-style-type: none"> • Recognition mechanisms are understood and supported by staff and feedback confirms this
1.5 Outcome: Elected members and senior officers are provided with information to enable them to understand their roles, responsibilities and accountabilities					
1.5.1	Induction pack for Elected Members and senior officers developed, outlining corporate parenting responsibilities				<ul style="list-style-type: none"> • Induction pack produced and distributed • Induction workshops agreed and undertaken • Pattern of visits to front line teams established
1.5.2 <i>Links to IN 18</i>	Peer mentoring arrangement to be put in place for the Lead Member				<ul style="list-style-type: none"> • Lead member will feel supported in leading change
Pillar Two: Putting in place effective front-line practice					
Key Objectives: High quality, rigorous and consistent front-line practice to safeguard children and young people, including those who are looked after. Appropriate duty and initial assessment arrangements; manageable workloads; robust procedures, processes					

<p>and actions which analyse risk and lead to consistent plans and actions to manage those risk. Front line staff and managers are clear about the arrangements regarding the throughput of work between teams. Effective child protection conference process to ensure multi-agency working which supports effective plans for children and young people. Improved Care Planning and permanence for Looked After Children. Health Needs of Looked After children and young people are addressed. Improvements in educational outcomes for looked after children</p>					
<p>Accountable Leads: Ann Goldsmith</p>					
<p>2.1 Outcome – Deliver a robust programme to improve the quality of assessment and casework, and provide qualitative and quantitative information about the impact of services on outcomes for children and young people</p>					
<p>2.1.1</p> <p><i>Links to OR 2 OR 9 IN 8 IN18</i></p>	<ul style="list-style-type: none"> • Managers review open cases and take action to safeguard children • Develop and implement mandatory Quality of Practice audits to be undertaken by all managers • Ensure that the work required in respect of risk assessment and report writing are completed before cases are presented to case conferences and that work with families is not delayed until the conference is held • Follow up processes developed and monitored for all cases judged Inadequate • Children are seen and their views recorded in all assessments • Review current assessment templates • Develop and disseminate practice standards for practitioners • Adoption of user friendly conferencing arrangements • Implement quality standard leaflet for parents • Review workforce development 	<p>December 2011 and monthly thereafter</p>			<ul style="list-style-type: none"> • Average of 20 audits per month achieved • Audit results and follow up reported monthly to Performance Monitoring Group and EIB • User feedback on the delivery of practice standards to be collated and used to inform delivery protocols. • Verification of improved quality to be evidenced over time (specific targets to be developed as the programme embeds).Evidence of use of tools to support communication and focus in work with children and families • Performance in terms of numbers of children with a Children in Need plan improves • Improvement in evaluation of social work training • Number of children with a Child Protection Plan are reduced

	<p>strategy</p> <ul style="list-style-type: none"> • Focus training and support on improved analysis in assessment • Introduce regular practitioner workshops • Children in Need procedures to be strengthened • Public Law Outline processes strengthened to ensure timely intervention – practice protocols to be strengthened (to include holistic overview of the child) 				<ul style="list-style-type: none"> • A package of peer support for managers and front line staff to be considered by the Improvement Board • Secure email in place to support Domestic Violence notifications • Multi-agency response unit arrangements in region supported • DV guidance and risk assessment tools shared with teams • Tracking systems in place to track key actions for Child Protection CLA and court proceedings
2.1.2	Regular thematic audits undertaken on specific practice areas as defined by QA framework timetable	Rolling programme to be drawn up by 31 January 2012			<ul style="list-style-type: none"> • Regular robust reports delivered to Performance Monitoring Group • Remedial action is taken within clearly defined timescales
2.1.3	<ul style="list-style-type: none"> • PSCB to establish multi-agency audits as part of the PSCB Quality and Effectiveness Framework • Proposal to the Board that one audit should be conducted per quarter • Effective audit tools and processes to be developed • QEF subgroup to be established to manage the audit process • Performance monitoring and 	01.01.12 – 31.03.11			<ul style="list-style-type: none"> • Plan developed • Audits timetables • Findings reported to PSCB on a quarterly basis • Analysis review of performance data by the PSCB and subgroup will inform single agency audits and increase the timeliness and effectiveness of work undertaken in response to

	analysis reports to be developed and refined				identified areas of poor partnership working
2.1.4	<p>Monitor and take action to secure appropriate caseload levels for all social workers by:</p> <ul style="list-style-type: none"> • Reviewing individual social work caseloads and complete work/transfer/close cases as required • Identify capacity needs and address as required 	Monthly review			<ul style="list-style-type: none"> • Performance reporting indicates caseload levels are a maximum of 20 per case holder
2.2 Outcome: Excellent supervision to ensure the quality of casework improves					
2.2.1 <i>Links to OR 6 OR 10 IN 7 IN14</i>	<p>Action plan to be developed and implemented in response to the full audit of supervision to include:</p> <ul style="list-style-type: none"> • Development of supervision practice guidance to compliment current supervision policy • Commissioning of supervision training for managers • Further develop observation of supervision practice as part of support to managers • Development of practice standards for supervision developed and implemented • Supervision Tool to be rolled out and embedded across the service to allow for the active performance management of cases and of staff delivery • All actions to include clear recommendations and timescales for implementation 	31.01.12			<ul style="list-style-type: none"> • Full audit undertaken • Evidence of improvement in the quality of supervision identified in QoP monthly audit • Deep dive audit to be repeated in 12 months to confirm progress • Feedback from supervising managers in respect of the quality of their own supervision

	<ul style="list-style-type: none"> Put in place appropriate spans of control to ensure compliance with supervision policy 				
2.3 Outcome: Independent Reviewing Officers quality assure the effectiveness of care planning and where appropriate challenge casework decisions or delays					
2.3.1	<ul style="list-style-type: none"> Each review ensures that required actions are in place and exceptions reported to the appropriate managers and escalated where necessary for resolution Escalation policy developed, implemented and monitored Monitor effectiveness of escalation policy and implement recommendations 	31.01.12			<ul style="list-style-type: none"> Quarterly report by Independent Reviewing Officers service produced and submitted to Director's Leadership Team Progress on permanence planning, health assessments, core assessments, care plans and Personal Education Plans is measured through performance reporting and demonstrates improvement in key areas
2.3.2 <i>Links to OR 6</i>	<ul style="list-style-type: none"> Ensure statutory visits are monitored (via monthly/quarterly performance reports), and that there is good recording of information on LAC cases Audits of LAC to be conducted on a monthly basis via Quality of Practice Audits IRO reports produced on a quarterly basis 	03.01.12 – 31.03.12			<ul style="list-style-type: none"> Performance in relation to stat visits improves and is maintained Numbers of LAC routinely audited increases Performance of 16+ monitored, evaluated and reports produced
2.4 Outcome: Strengthen safeguarding of children on a Child Protection Plan. Ensure Child Protection Plans are only in place when there is a clear need for them. Child protection planning processes are effective, responsive to children and young people's needs, facilitate multi-agency working and are robust in ensuring that children are safeguarded					
2.4.1 <i>IN 9</i>	<ul style="list-style-type: none"> Support implementation of strengthened child protection and Children in Need planning processes through multi-agency training 	03.01.12 – 31.03.12			<ul style="list-style-type: none"> All children and young people within the social care system have the right level of protection

	<ul style="list-style-type: none"> Strengthen and re-launch Children in Need procedures Review Children in Need Plan template 				<ul style="list-style-type: none"> Those children and young people who are subject to a 'children in need' or 'child protection' plan are given an appropriate plan with timescale that has clear and focused outcomes which highlight specific needs and risk Multi-agency training programme developed Programme implemented Increased confidence of agencies resulting in Children in Need plans replacing Child Protection Plans where appropriate
2.4.2	<ul style="list-style-type: none"> Reduce the number of children subject to a child protection plan for 18 months or more Policy to be developed requiring a review of every case beyond the third conference (at the nine month stage) to ensure that robust decisions are made to prevent as many cases as possible from going into conferences beyond 15 months 	03.01.12 – 31.03.12			<ul style="list-style-type: none"> Review and undertake change promotion work on current cases where children have been subject to a Child Protection Plan for over 18 months Cohort reduced to below 6% Performance reporting monitors the number of children who are progressing towards, or have, a child protection plan for 18 months or more Information used to inform and develop agreed plan to reduce Child Protection Plan cohort
2.4.3	Reduce the number of children who become subject to a Child Protection	03.01.12 – 31.03.13			<ul style="list-style-type: none"> In collaboration with operational managers produce a

	Plan for a second or subsequent time				<p>report to the Improvement Board setting out a plan for how to reduce the number of children subject to a Child Protection Plan for a second or subsequent time to below 14.4%</p> <ul style="list-style-type: none"> • Plan agreed and recommendations implemented • Performance reporting monitors the number of children who are made subject to a plan for a second or subsequent time • The number of children subject to a child protection plan for a second or subsequent time reduced to below 14.4%
2.4.4	<p>Ensure there is a consistent approach to the application of thresholds:</p> <ul style="list-style-type: none"> • Robust thresholds to be agreed with the Child Protection Plan conference chairs • Thresholds are consistently applied in Child Protection Plan conferences • Multi-agency agreement to be obtained on thresholds for taking children off a Child Protection Plan • Establish process to support hospital discharge arrangements • Ensure Child protection review conferences in timescale • Increase child and family participation from 80% to 90% 				<ul style="list-style-type: none"> • Consistent standards are applied to all Child Protection Plans • Agency expectations around thresholds are coherent and constant • The number of children being taken off a Child Protection Plan increases • Reduction of contracts into social care • Reduction in the conversion of contacts to referral • Reduce inappropriate referrals by increasing the number diverted to early intervention • Maintain conversion rate of

	<ul style="list-style-type: none"> Child Protection Coordinators to track and report on core group meetings and presence of appropriate parallel plans 				referrals to IA
2.5 Outcome: The Safeguarding Children Board is compliant with statutory requirements, supported by a robust performance framework which enables it to hold agencies to account in ensuring the children of Peterborough are safeguarded					
2.5.1	<ul style="list-style-type: none"> Membership and Governance Implement the multi-agency audit and performance framework and audit plan 				<ul style="list-style-type: none"> To be discussed with Chair of Peterborough Safeguarding Children Board Audit programme implemented and audits carried out Audit findings reported to PSCB and used to inform multi-agency response to safeguarding
2.6 Outcome: Children's Services and its partners are well prepared for the next full Ofsted inspection					
2.6.1	Develop an "inspection ready programme" to prepare for the next full Ofsted inspection	31.01.12			<ul style="list-style-type: none"> Programme is implemented and is effective
2.6.2	<ul style="list-style-type: none"> Undertake mock inspections of Duty and Initial Assessment Teams Address any points of concern/areas requiring improvement; remedial action to be recorded and evidenced 	03.01.12 – 29.02.12			<ul style="list-style-type: none"> Mock inspections find children are appropriately safeguarded Ofsted unannounced inspection is received positively
2.7 Outcome: The Family and Assessment Support Team (FAST) has sufficient capacity, the threshold for access is safe and clear and the processes for reviewing the team's impact on outcomes are explicit					
2.7.1 <i>Links to OR 17</i>	<ul style="list-style-type: none"> Consider how resources can be most effectively deployed to meet the improvement notice objectives and improve outcomes for children and young people. Includes re-provision of contact service and costs of replacement activity 				<ul style="list-style-type: none"> Contact service in place which has capacity to meet demand for contact Use remaining contact resource in FAST team to build

	<p>to cover life story work and parenting assessment</p> <ul style="list-style-type: none"> To review potential re-investment of existing resources Align activity of AIM, Multi-Systemic Therapy and Peterborough Safeguarding Board 				<p>new service to save money on external purchase of sessional staff</p>
<p>Pillar Three: Creating an organisation fit for purpose</p>					
<p>Key Objectives: Appropriate decisions about the responses required to referrals; functioning ICT infrastructure that enables effective use of systems that support practice (including the Integrated Children's System); Logistical working arrangements and office accommodation support social work task. Effective commissioning, procurement and contracting</p>					
<p>Accountable Leads: Ann Goldsmith</p>					
<p>3.1 Outcome: Contacts are dealt with efficiently and effectively and referrals made to the appropriate service with sufficient information for the right action to be taken</p>					
<p>3.1.1</p> <p><i>Links to OR 13</i></p>	<ul style="list-style-type: none"> Complete a comprehensive and detailed audit of all cases that have referred through the contact service and passed to referral and assessment and other teams or services in the past six months Examine whether cases referred to children in need services are appropriately held within that service 				<ul style="list-style-type: none"> 190 cases audited findings and learning shared through workshops with teams and cases needing further attention
<p>3.1.2</p> <p><i>Links to OR 4 IN 3</i></p>	<ul style="list-style-type: none"> Review the effectiveness of the current initial screening arrangements for social care cases Define the use of contacts and referrals by referring agencies, the standard of recording of contacts and referrals and the process for decision making in respect of each and the actions arising 	03.01.12			<ul style="list-style-type: none"> Report with recommendations presented to Corporate Management Team) and decision made about appropriate actions Implementation plan developed and agreed recommendations implemented

3.1.3 <i>Links to IN 2</i>	Ensure that staff in the contact centre have a clear understanding of the council's thresholds				<ul style="list-style-type: none"> • Staff are able to respond to contacts and referrals appropriately • Inappropriate referrals are reduced
3.1.4 <i>Links to OR 1 OR 8 IN 1</i>	Map existing social work establishment against demand and need and ensure there is a coherent and sufficient distribution of fieldwork resources to provide an effective service. Produce a report with outcome of analysis and recommendations for action with clear implementation plan which also includes management and business support capacity	03.01.12			<ul style="list-style-type: none"> • Report submitted to CMT outlining recommendations • Agreed recommendations implemented
3.1.5 <i>Links to OR 7</i>	Decide on a model and structure for children's social care to enable effective support for children in need	31.01.12			<ul style="list-style-type: none"> • Report on recommendations submitted to DCS • Agreed recommendations implemented being mindful of the need for safe transfer to the new arrangements
3.1.6	Protocol document developed outlining roles and responsibilities of new teams as well as transfer arrangements	31.01.12			<ul style="list-style-type: none"> • Protocol agreed by Children's Social Services Management Team, approved by Managing Director, used as part of implementation of the new structure

3.1.7 <i>Links to OR 6 OR 7</i>	Implement new structure supported by appropriate protocols and procedures	29.02.12			<ul style="list-style-type: none"> • New structure in place and work safely managed during restructuring • Procedures/protocols published for all staff • Performance reporting indicates that caseloads, staffing levels and supervisory capacity are at appropriate levels • Performance report confirms new arrangements are facilitating timely assessments and good practice
3.2 Outcome: Peterborough's ICT systems effectively support practitioners and managers to carry out their role. Practitioners and managers are accountable for recording case work decisions and ensuring that this is used to influence decision making					
3.2.1 <i>Links to IN 10</i>	<ul style="list-style-type: none"> • Implementation of the new Integrated Case Management System • Agree the business processes underpinning the ICS, create procedures and practice guidelines that stipulate responsibilities across all levels of the organisation • Agree management sign-off functions in ICS • Full and comprehensive training programme for all staff including managers • Provide in-house support for the ICS • Provide ICS user manuals 	03.01.12 – 31.03.12			<ul style="list-style-type: none"> • Robust implementation plan is in place • Regular updates on the development and progress of the plan to be given to the Improvement Board
3.2.2	<ul style="list-style-type: none"> • Review the function and role of administrative staff in relation to the use of ICS and address capacity 	03.01.12 – 31.03.12			<ul style="list-style-type: none"> • Business requirement for the recording of children's case information is embedded in

	implications if applicable <ul style="list-style-type: none"> Appoint floor walkers to support the successful implementation of ICS 				Peterborough's Information recording system
3.2.3 <i>Links to OR 6</i>	Performance reporting is utilised to confirm that the systems are being used to support effective recording and managerial input	31.03.12			<ul style="list-style-type: none"> Audit reports on system usage are produced quarterly on agreed areas (logins, user generated reports, signoff, field completion) Data quality reports on errors or blanks in data recording are reported monthly. Data quality errors/blanks do not exceed 5% of the total number of entries per field
3.2.4	Develop a broader ICT strategy that takes account of desktop hardware and mobile technology	03.01.12 – 31.03.12			<ul style="list-style-type: none"> ICT Strategy developed and presented to the Performance Monitoring Group/Improvement Governance Board
3.3 Outcome: Users complaints and representation are dealt with in a timely fashion with regular reviews to identify trends which are then acted upon					
3.3.1 <i>Links to OR 17</i>	<ul style="list-style-type: none"> Senior Leadership Team to report on timeliness Current Service Level agreement and procedures to be reviewed 				<ul style="list-style-type: none"> Complaints are responded to within statutory timescales
3.4 Outcome: The vision for the service is implemented across the department					
3.4.1 <i>Links to IN 16</i>	Ensure that 'Making Every Day Count' is implemented across children's services	03.01.12 – 31.03.03		Jonathan Lewis Janet Dullaghan Ann Goldsmith	All staff and partners have a clear understanding of the ambition and vision for the Council and how they contribute to the overall improvement
Pillar Four: Strengthening partnerships to make a difference					
Key Objectives: Development of the Peterborough Children's Trust and the Peterborough Safeguarding Children Board (PSCB) to					

meet their statutory requirements; Improve the effectiveness of the Safeguarding Children Board; Secure Multi-agency understanding about the range of services available and when they should be used to respond to children and their families; Clear multi-agency referral pathways that are responsive to children's needs; Regular and robust auditing of multi-agency practice including good use of performance information					
Accountable Leads: Janet Dulagan					
4.1 Outcomes: The Common Assessment Framework (CAF) process operates effectively: the number of CAFs increases, there is greater and more effective participation by partner agencies, and the impact of CAFs is improved in terms of ensuring that children with additional needs are responded to before their needs become acute and require specialist children's services. Clear baselines and outcomes to be put in place around delivery for every Team Around the Child					
4.1.1 <i>Links to OR 6</i>	<ul style="list-style-type: none"> CAF arrangements are strengthened to ensure that children with additional needs are responded to before their needs become acute and require specialist children services Review of the access and allocation processes (screening and Single Point of Access) to ensure efficient and timely identification of Team Around the Child/Family Transfer procedures between CSS and CAF to be embedded to ensure that children and families are effectively supported in the community when they are closed to CSS Access and allocation arrangements are streamlined and guidance and protocols developed and disseminated Establish a baseline of the time taken from the CAF assessment to the first TAC and set guideline timescales Identify top 100 families that require a TAC and put in place TAC 	12.12.11 – 31.03.12 (review)			<ul style="list-style-type: none"> Increase in understanding and confidence of partner agencies in applying the Threshold Criteria Increase in total number of CAFs by 25% in a ration of 58.9 per 10,000 over the 2011/12 financial year in comparison to 2010/11 Reduction of contacts into social care Reduction in the conversion of contacts to referral Reduction in the proportion of referrals going on to Initial Assessment Positive feedback from providers and services e.g. schools that children's needs are being met Quarterly multi-agency performance management report to be sent to SCS POSC

	<p>arrangements</p> <ul style="list-style-type: none"> • Establish baseline for number of cases being transferred to TACs following CSS case closure and identify targets to reduce re-referral rates for these cases 				
4.1.2	<ul style="list-style-type: none"> • Develop and introduce method for collection of outcome information against CAF action plans • Monthly monitoring of CAF update and outcomes is reported to the Improvement Board, and key Partner boards • User-friendly CAF recording system to be included in ICS replacement and rolled out across KCC and partner agencies • CAF/TAC audit on outcomes to be undertaken to inform the revised CAF Action Plan • Outcome information to be monitored to ensure that the CAF process is making a difference to children and families 	12.12.11 – 31.03.12 (review)			<ul style="list-style-type: none"> • Relevant Boards identified and in receipt of reports • Reporting proforma agreed • Regular monthly reports produced • Reports reviewed and monitored by the PSCB
4.1.3 <i>Links to OR 14 IN 4</i>	<ul style="list-style-type: none"> • The Early Intervention and Preventative Strategy developed outlining the role of universal, targeted and specialist services and is clear about when a CAF should be completed • Above effectively disseminated across partners communicated using a variety of methods • Action plan implemented 	12.12.11 – 31.03.12 (review)			<ul style="list-style-type: none"> • Staff and partner agencies have clear guidance about when CAFs should be completed • Key partners receive and adhere to Strategy framework • Role of the LSCB to be agreed

4.3 Outcome: Practitioners are able to access information on range of interventions and services available with clear indications of when best to use (e.g age group; universal, targeted or specialist), evaluation findings and cost effectiveness. Secure multi-agency understanding about the range of services available and when they should be used to respond to children and their families					
4.3.1	In collaboration with partners, complete the development of the Early Intervention and Preventative Strategy which outlines the services available at universal targeted and specialist levels	03.01.12 – 31.03.12 Review			<ul style="list-style-type: none"> • Report on proposals and implementation plan submitted to Peterborough Children’s Trust • Recommendations agreed and implemented
4.3.2	Address the accessibility of the multi-agency Directory of Services (which outline services at county and district levels) and make it available to all professionals and parents in Peterborough				<ul style="list-style-type: none"> • Web based resource directory implemented which ensures existing resource directories are joined and replaced
4.3.3	Develop a commissioning register and keep it up to date and available to Children Services practitioners	31.03.12			<ul style="list-style-type: none"> • Register established with links to Adult Services Register
4.4 Outcome: Staff across all agencies are clear about referral pathways and report that these are responsive to children’s needs					
4.4.1 <i>Links to OR 3</i>	Peterborough Safeguarding Children Board and the Children’s Trust agree thresholds for intervention at various levels, including those for social care intervention				<ul style="list-style-type: none"> • Eligibility and threshold protocol agreed and signed off by the Children’s Trust and PSCB, including implementation plan
4.4.2 <i>Links to OR 3</i>	Launch of the eligibility criteria for specialist children services and secure understanding of thresholds, eligibility, referral and assessment processes (Including linkage with CAF) through multi-agency, localised workshops	1/01/12			<ul style="list-style-type: none"> • Eligibility and threshold criteria implemented • Multi-agency staff survey undertaken
4.4.4	Work with multi- agency partners to ensure the correct understanding about what constitutes appropriate referrals to Specialist Services (making use of the				<ul style="list-style-type: none"> • Multi-agency referral form and clear guidance about criteria for referral to Specialist Services produced, launched and action

	new eligibility and threshold criteria)				<p>taken to ensure that it is embedded</p> <ul style="list-style-type: none"> • Workshop with the PSCB resulting in plans being produced by represented agencies about the actions they will take to communicate the criteria for referrals to specialist services
4.4.5 <i>Links to IN 4</i>	Embed multi-agency implementation of the Common Assessment framework including the Lead Professional role	03.01.12 – 03.03.12 and review			<ul style="list-style-type: none"> • The number of CAFs undertaken increase across a variety of partner agencies
4.4.5 <i>Links to IN17 IN 19</i>	Establish clear remits for the Improvement Board, Children’s Trust and the LSCB				<ul style="list-style-type: none"> • Partners are aware of the overall governance, lines of accountability and specific roles of each in driving forward improvement • Scrutiny arrangements are in place to allow Members and the LSCB to monitor and challenge social care practice once the necessary improvements have been made
4.5 Outcome: Arrangements for jointly managing domestic abuse cases are reviewed to ensure notifications are sufficiently comprehensive, joint assessment of risk is robust and actions arising are appropriately implemented and monitored					
4.5.1 <i>Links to OR 15</i>	<ul style="list-style-type: none"> • Identify and implement shared processes to support the risk assessment of domestic abuse notifications • Agree threshold to trigger core assessment for notifications assessed as high risk • Review information sharing arrangements with partner agencies 				

	including schools				
Pillar Five: Becoming the employer of choice in the region					
Key Objectives: Permanent staff are attracted to working and remaining in Peterborough, actions to find and supply locum social work staff are prompt when there are temporary gaps in permanent staffing levels, high calibre front-line staff are selected by managers with the appropriate standards and expertise, induction is responsive to the different cohorts of new recruits, professional development and opportunities are effective in addressing areas for development					
Accountable Leads: Mandy Pullen					
5.1 Outcome: Peterborough recruits and retains a balance of experienced and newly qualified staff and has a qualified social worker vacancy rate of 10% or less					
5.1.1 <i>Links to OR 6 IN 11</i>	<ul style="list-style-type: none"> Monitor the impact of the recruitment and retention strategy, compelling offer and marketing campaigns to ensure there is adequate capacity to meet workload Reduction in the number of agency staff 	03.01.12 – 31.03.12			<ul style="list-style-type: none"> Performance reports show a consistent reduction of qualified social work vacancy rate to 10% or below 'Temperature checks' conducted to gauge the impact of the compelling offer with staff Bi-monthly reports tracking impact to be submitted to improvement governance bodies Agency staff reduced by 30%
5.1.2 <i>Links to IN 12</i>	<ul style="list-style-type: none"> Use the Health Check developed by the Social Work Task Force to review social workers' responsibilities and workloads to ensure they are clearly defined 				<ul style="list-style-type: none"> Workloads are measured and manageable Improvement Board receives management information to confirm the improvements are achieved and sustained
5.1.3	Review recruitment process to ensure a positive experience for applicants	03.01.12 – 31.03.12			<ul style="list-style-type: none"> Review of recruitment process to be undertaken
5.1.4	Review selection process				<ul style="list-style-type: none"> New structure for selection process provides more opportunity to "sell" KCC to applicants

					<ul style="list-style-type: none"> • New structure allows applicants to give feedback on process and improve it • New 'standard' based assessment provides more consistency and quality in appointment decisions
5.1.5	Act on exit interview feedback	03.01.12			<ul style="list-style-type: none"> • Information from exit interviews helps improve recruitment and retention
5.1.6 <i>Links to IN 13</i>	Review the workforce and take the necessary steps to address capacity and capability shortfalls	03.01.12 – 30.09.12 and review			<ul style="list-style-type: none"> • Assess the recruitment and retention strategy to ensure Peterborough is maintaining adequate capacity to meet workload requirements
5.1.7 <i>Links to IN 13</i>	Review recruitment planning	03.01.12 – 31.03.12 and review			<ul style="list-style-type: none"> • Vacancies and staff turnover monitored monthly, and action plans amended to improve progress • Monitoring data used to develop annual recruitment plan
5.2 Outcome: Induction programme aligns with expectations and approaches in practice					
5.2.1 <i>Links to IN 13</i>	Review current arrangements, and materials including staff booklets, and report with proposals	03.01.12 – 31.03.12 and review			<ul style="list-style-type: none"> • Induction process fit for purpose including induction of overseas staff
5.2.2	Reinforce workplace induction to ensure staff have reasonable facilities				<ul style="list-style-type: none"> • New staff feel valued and retention rate improved
5.3 Outcome: The learning and development programme is needs driven and is responsive to new and existing areas for improvement, identified risk and issues associated with the potential for significant harm as well as new developments in social work practice					
5.3.1	Complete a training needs analysis that is informed by information about the areas	03.01.12 – 30.06.12			<ul style="list-style-type: none"> • Analysis produced and new development programme for

<i>Links to OR 12 IN 13</i>	for attention outlined by inspection findings and other information				implementation developed
Pillar Six: Robustly managing performance					
Key Objectives: Practice and management across the council and partners is supported by an effective performance and accountability framework to ensure business intelligence and information is shared and exploited in order to achieve better outcomes for children, young people and their families in Peterborough; Managers understand accountabilities and ensure tools are used effectively to meet performance requirements; Strong performance management culture and an understanding of how performance management is used effectively					
Accountable Leads: Marcus Richardson					
6.1 Outcome: A comprehensive framework is developed in consultation with managers and is supported by clear governance arrangements					
6.1.1 <i>Links to OR 6</i>	Develop a comprehensive children's services performance management framework which links with the wider Council's and partnerships' performance	01.02.12			<ul style="list-style-type: none"> • Senior and operational managers consulted in development of performance framework • Performance framework developed to include governance arrangements • Performance framework developed and signed off by DCS and Senior Management Team
6.1.2 <i>Links to OR 6</i>	Develop an operational model (report card) for the delivery of the performance framework, which includes the quality assurance, data quality and reporting principles framework				<ul style="list-style-type: none"> • Operational model developed, with corporate input, and agreed by DCS, Director's Leadership Team and Children's Social Services Management Team
6.1.3 <i>Links to OR 6</i>	Implement operational model for the delivery of the performance framework				<ul style="list-style-type: none"> • Implementation programme developed • Operational model is implemented

					<ul style="list-style-type: none"> • Consultation (including workshops and survey) with managers/Elected Members to refine operational model • Model refined accordingly
6.2 Operational: Performance measures are in place and managers know how to access reports to support strategic and operational actions. Staff, managers and Elected Members are provided with performance information with analysis, which enables them to understand the impact of service delivery on outcomes for children and young people					
6.2.1 <i>Links to OR 6</i>	In collaboration with managers, develop an agreed set of targets and measures which reflect appropriate aspects of practice and management				<ul style="list-style-type: none"> • Targets and measures are established and reflected in the report card
6.2.2 <i>Links to OR 6</i>	An agreed suite of performance monitoring reports is developed	31.12.11			<ul style="list-style-type: none"> • Performance monitoring reports developed and made available to managers at all levels
6.2.3 <i>Links to OR 6</i>	Within the performance framework, incorporate the requirement to analyse the data to inform actions taken to improve and develop services	31.11.12			<ul style="list-style-type: none"> • Performance framework incorporates requirement to analyse data
6.2.4 <i>Links to OR 6</i>	Delivery of training to managers on the use of data and the importance of good data quality. Training to include focus on how to formulate questioning, analyse information and take action	03.01.12 rolling programme			<ul style="list-style-type: none"> • Training delivered and needs analysed to result in action being taken to prevent any ongoing difficulty • Ongoing support is provided to address any technical difficulties with obtaining performance reports/information
6.3 Outcomes: A strengthened quality assurance framework is in place which ensures rigorous quality assurance processes across the service and across the range of agencies responsible for safeguarding and looking after children and young people. The framework ensures transparent reporting to operational managers, senior managers and the Safeguarding Children Board					
6.3.1	<ul style="list-style-type: none"> • In collaboration with managers develop a comprehensive quality 				<ul style="list-style-type: none"> • Quality assurance framework agreed by the

<p><i>Links to</i> <i>OR 6</i> <i>IN 5</i> <i>IN 6</i> <i>IN 16</i></p>	<p>assurance framework (as part of the overall performance framework) which includes peer and multi-agency auditing and audits of referrals. Supervision is incorporated in all aspects of quality assurance</p> <ul style="list-style-type: none"> • Establish a strong safeguarding leadership team • The proportion of cases to be audited is to be agreed by the Improvement Board • A report of the results of the auditing process to be made available to the Improvement Board for consideration 			<p>Children's Social Services Management Team</p> <ul style="list-style-type: none"> • Quality assurance framework includes regular auditing arrangements of case files with independent challenge and scrutiny • The council will demonstrate how they have taken action to maintain and continue to improve the quality of social work practice • Leadership team has clear and effective lines of accountabilities to ensure an effective delivery of service
<p>6.3.2 <i>IN 6</i></p>	<p>Ensure that all management oversight and decision making on cases is set out in details on each case file and audit management information confirms that this has been carried out satisfactorily</p>			<ul style="list-style-type: none"> • File audit indicates compliance with recording of management decisions

Ofsted Recommendations

Areas for Improvement

Immediately:

1. Review staffing and management capacity within the contact service to ensure the service is able to respond to the range of contacts and referrals in an informed manner. The review should also evaluate the potential for closer working with the Police and health colleagues to increase the effectiveness of contact arrangements
2. Ensure that the work required in respect of risk assessment and report writing are completed before cases are presented to case conferences and that work with families is not delayed until the conference is held
3. Ensure that thresholds for service access are clearly understood across the partnership
4. Define the use of contacts and referrals by referring agencies, the standard of recording of contacts and referrals and the process for decision making in respect of each and the actions arising
5. Ensure that management accountabilities for decision making are explicitly defined so that actions in relation to contact, referral, assessment and care planning are clear and consistently implemented
6. Strengthen the use of the performance monitoring framework and audit tools to ensure that service quality, service impact and safeguarding outcomes are routinely evaluated and reported to the Improvement Board
7. Establish a monitoring framework for work flow between contact, referral and assessment teams and subsequent teams to ensure work transfer is timely and conducted in the interests of children and young people

Within three months:

8. Complete an evaluation of staffing capacity within the contact centre, referral and assessment and other teams to ensure staff working in these services are sufficiently experienced and have adequate support to respond to need and risk appropriately
9. Facilitate the engagement of users in case conferences through more user friendly conferencing arrangements
10. Monitor the frequency and quality of staff supervision and ensure that remedial action is taken where required
11. Monitor the quality of management decision making and ensure case decisions and plans are routinely recorded and fully supported by a clear management narrative
12. Develop specific joint training on risk identification and issues associated with the potential for significant harm

Within six months:

13. Complete a comprehensive and detailed audit of all cases that have been referred through the contact service and passed to referral and assessment and other teams or services in the past six months. As part of the audit also examine whether cases referred to children in need services are appropriately held within that service
14. Develop an overarching preventative strategy, including the use of the common assessment framework (CAF)
15. Review the current arrangements for jointly managing domestic abuse cases to ensure notifications are sufficiently comprehensive, joint assessments of risk are robust and actions arising are appropriately implemented and monitored
16. Review capacity within the Family and Assessment Support Team (FAST), to ensure that the threshold for access to this service is safe and clear and that processes for reviewing the team's impact on outcomes are explicit
17. Strengthen processes for user complaints and representations to ensure these are dealt with in a timely fashion and that complaint trends are regularly reviewed and acted upon
18. Complete a review of arrangements for the notification and referral of domestic abuse to ensure improved consistency of response and quality of outcomes for children at risk of harm

Appendix 2

Leads and Job Titles

(First name alphabetical order)

Ann Garratt	Service Manager, Assessment and Care Planning
Ann Goldsmith	Interim Assistant Director for Children's Social Care
Christine Bellairs	Head of Complex Health Needs and Disabilities
Damian Elcock	Service Manager, Integrated Case Management
Iain Easton	Head of Youth Offending Service
Jackie Coventry	Service Manager, Family First Response
Jane Scannell	Interim Service Manager
Janet Dullaghan	Assistant Director for Community Health
Jenny Sergeant	Head of Work Force Development
Jonathan Lewis	Assistant Director of Education and Resources
Karen Moody	Head of Early Intervention and Prevention
Lyn Chesterton	Service Manager, Safeguarding and Quality Assurance
Malcolm Newsam	Executive Director of Children's Service's
Marcus Richardson	Head of Performance Management and Information

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