



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 39
Appendix 3: Leads and job titles	Page 41

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

Signed.....Dated.....
Barbara Stuttle, Interim Executive Nurse for NHS Cambridgeshire and Peterborough

Signed.....Dated.....
A Director of Children's Services from another authority

Signed.....Dated.....
Someone from the business community

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
- Barbara Stuttle, Interim 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 Practice

1. Improving and sustaining the quality and timeliness of assessments and care plans to comply with "Working Together to Safeguard Children 2010" taking appropriate account of risk and recording the views of key agencies and children themselves where appropriate to inform effective decision-making and planning. This should be measured and evidenced through regular case and supervision auditing
2. Reviewing and revising the Council's quality assurance framework and ensure it is in place, in line with standards set out in statutory guidance. The framework must include regular auditing arrangements of the quality of case files with independent challenge and scrutiny; the frequency of which should be agreed by the Board. A report of the results must be made available to the Board which demonstrates how the Council has taken action against the recommendations in order to maintain and to continue to improve the quality of social work practice
3. Using the revised quality assurance framework, ensure effective supervision of social work practice is in place with rigorous management oversight and decision making on individual cases, which will identify strengths and areas for development in practice with a view of improving further the quality of social care practice
4. Reviewing and developing a system that sets out thresholds and criteria for access to children's social care. Ensuring these thresholds and criteria are communicated, understood and applied consistently across all partner agencies
5. Working with partners, develop a preventative and early intervention strategy and as part of this increase the quantity and effectiveness of common and locally agreed shared assessment processes (e.g. CAF) and ensure the Council is monitoring the use and impact of these by partner agencies

6. Ensuring that an implementation plan is in place for the Council's new ICS which includes interim arrangements to ensure that the quality of case recording continues to take place prior to implementing the new system. The Council must present regular updates on the development and implementation to the Improvement Board highlighting where issues have occurred and what action has been taken to address them

Capacity and Capability

7. Develop an overall workforce strategy, informed by a service need analysis, to ensure a stable workforce which requires fewer agency staff with a view to improving the quality of services within the Council
8. Taking account of the findings of the Inspections and Diagnostic review, the Council must ensure the social care teams have sufficient numbers of staff and staffing numbers and roles are clearly defined with clear lines of accountability
9. Reviewing social workers' responsibilities and workloads to ensure they are clearly defined and that workloads are manageable, ensuring staff have a manageable range of work and a caseload consistent with their level of experience and competence; and ensure that the Improvement Board receives management information to confirm that this is achieved and sustained
10. 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

Partnership and Governance

11. Ensuring the Council sets out clearly its vision and ambition for children's safeguarding services (with a clear set of objectives and timescales) and that this is communicated and implemented with staff and partners such that they have a clear understanding of their roles and responsibilities in delivering this vision, and overall improvement
12. Developing a strong strategy for strengthening the leadership team across the assessment and safeguarding service with clear plans for permanency and effective lines of accountability to ensure an effective delivery of children's services
13. Establishing a clear remit for the Improvement Board, Children's Trust and the Local Safeguarding Children Board with clear governance, lines of accountability and specific roles of each body in driving forward improvement
14. Ensure that all elected members of the Council take responsibility and are accountable for improving the quality of the service; ensure there is close oversight and scrutiny in order to be confident that outcomes for children are being delivered

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:

15. 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
16. Continue to ensure the scrutiny arrangements that are in place, allow elected members and the LSCB 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 IN10 & 12 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	31.02.12	G	Sue Westcott	<ul style="list-style-type: none"> A gap analysis completed that will link guidance to practice, against which management can be assessed Will inform middle managers development programme
1.1.2 <i>Links to IN10 & 12 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	G	Sue Westcott	<ul style="list-style-type: none"> Leadership and management best practice guide published to all managers and supervisors Capability framework published for all managers
1.1.3 <i>Links to</i>	Across the department, put in place a programme which establishes and promotes the new leadership	31.03.12	G	Sue Westcott	<ul style="list-style-type: none"> Programme developed and timetable implemented

<i>IN10 & 12 OR 11</i>	competencies and required behaviours and expectations of leaders, managers and staff to ensure they are clear about what is required				<ul style="list-style-type: none"> Evaluation and review of the impact of the programme informed by staff feedback
1.1.4 <i>Links to IN10 & 12 OR 1</i>	Validate findings from leadership and management survey with mandatory questionnaire	31.03.12	G	Julie Barnard	<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 <i>Links to IN 10 & 12 OR 5</i>	All senior managers to complete 360° assessment based on competency in role	31.03.12	G	Julie Barnard	<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 <i>Links to IN 10 & 12 OR 5</i>	Assess leadership and managerial capability at the senior management level via an assessment centre to identify gaps in knowledge	01.06.12	G	Julie Barnard	<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 <i>Links to IN10 & 12 OR6</i>	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	19.09.12	G	Sue Westcott	<ul style="list-style-type: none"> Managers start to personify, demonstrate and communicate high quality leadership behaviours to staff

	delivery of high quality children's services				
1.2.3 <i>Links to IN10 & 12 OR5</i>	Develop a targeted response to identified needs in relation to essential leadership and management skills (for individuals and the management team)	19.09.12	G	Sue Westcott	<ul style="list-style-type: none"> Action plan designed with two weeks of assessment completion
1.2.4 <i>Links to IN10 & 12</i>	Implement individual leadership and management development plans	June 2012	G	Sue Westcott	<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 <i>Links to IN 10 & 12</i>	Provide access to coaching, and/or mentoring for the senior management team.	End July 2012	G	Sue Westcott	<ul style="list-style-type: none"> Coaching/mentoring Sessions offered/delivered to individual staff. Additional sessions offered as appropriate Middle managers development programme established
1.2.6 <i>Links to IN 10 & 12</i>	Develop succession planning/talent management systems to nurture and utilise new leadership/managerial capabilities to meet immediate priorities and plan for continued performance improvement <ul style="list-style-type: none"> Complete HR review of teams to identify staff with potential and underperformance 	31.01.12 – 31.03.12	G	Julie Barnard	<ul style="list-style-type: none"> Existing 'talent' is utilised effectively, good practice is role modeled 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 <i>Links to</i>	Produce a communications and engagement strategy including face-to-face and online interaction and written	28.02.12	G	Caroline Parsons	<ul style="list-style-type: none"> Strategy developed and signed off with implementation plan

<i>IN 12</i>	information (Internal and external)				<ul style="list-style-type: none"> • Strategy implemented • Use InSite page to help teams to access practice tools and research.
1.3.2 <i>Links to IN12</i>	Corporate Director, to carry out a series of open forums communicating the improvement plan to all staff	31.03.12	G	Elaine Alexander	<ul style="list-style-type: none"> • Visible leadership in communicating expectations and desire for excellence in safeguarding children to all staff
1.3.3 <i>Links to IN12 & 13</i>	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	28.02.12 – 31.07.12 Review regularly thereafter	G	Participation Lead Brian Roberts	<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 <i>Links to IN10</i>	Ensure that PCC's excellence awards reward and recognition mechanisms are appropriately, fairly and transparently applied to recognise good/high performance	18.02.12 – 31.03.12	G	Julie Barnard	<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 <i>Links to IN10</i>	Encourage managers to recognise individual and team contributions and nominate staff appropriately	28.02.12 onwards	G	Julie Barnard	<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 <i>Links to</i>	Induction pack for Elected Members and senior officers developed, outlining corporate parenting responsibilities	31.03.12	G	Sue Westcott	<ul style="list-style-type: none"> • Induction pack produced and distributed • Induction workshops

IN15					agreed and undertaken <ul style="list-style-type: none"> • Pattern of visits to front line teams established
1.5.2 <i>Links to IN15</i>	Peer mentoring arrangement to be put in place for the Lead Member	30.12.11	G	Oonagh Aitken	<ul style="list-style-type: none"> • Lead member will feel supported in leading change
Pillar Two: Putting in place effective front-line practice					
<p>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 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>					
Accountable Leads: Sue Westcott					
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					
2.1.1 <i>Links to IN2 OR 2 OR 9</i>	<ul style="list-style-type: none"> • Managers review open cases and take action to safeguard children • Children in Need procedures to be strengthened <ul style="list-style-type: none"> • 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 	31.03.12 30.12.11	G	Lynn Chesterton Ann Garratt Damian Elcock Christine Bellairs	<ul style="list-style-type: none"> • 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

	<p>Inadequate</p> <ul style="list-style-type: none"> • Children are seen and their views recorded in all assessments • Review current assessment Templates (post Liquidlogic implementation) • Develop and disseminate practice standards for practitioners • Adoption of user friendly conferencing arrangements • Implement quality standard leaflet for parents 	<p>30.04.12</p> <p>31.01.12</p> <p>31.03.12</p> <p>31.03.12</p>			<p>Children in Need plan improves</p> <ul style="list-style-type: none"> • Number of children with a Child Protection Plan are reduced • 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
<p>2.1.2</p> <p><i>Links to IN2 OR 2 OR 9</i></p>	<p>Develop and implement mandatory Quality of Practice audits to be undertaken by all managers</p>	<p>28.02.12</p>	<p>G</p>	<p>Ann Garratt Damian Elcock Christine Bellairs</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
<p>2.1.3</p> <p><i>Links to IN10 OR 2 OR 9</i></p>	<p>Introduce regular practitioner workshops</p>	<p>31.12.12</p>	<p>G</p>	<p>Sue Westcott</p>	
<p>2.1.4</p> <p><i>Links to</i></p>	<ul style="list-style-type: none"> • Review workforce development strategy • Focus training and support on 	<p>30.01.12</p>	<p>G</p>	<p>Julie Barnard</p>	<ul style="list-style-type: none"> • New strategy is embedded • Improvement in evaluation of social work training

IN 7 OR 2 OR 9	improved analysis in assessment				
2.1.5 <i>Links to IN 1 OR 2 OR 9</i>	Public Law Outline processes strengthened to ensure timely intervention – practice protocols to be strengthened (to include holistic overview of the child)	28.02.12	G	Kim Sawyer	<ul style="list-style-type: none"> Tracking systems in place to track key actions for Child Protection CLA and court proceedings
2.1.6 <i>Links to IN 2</i>	Regular thematic audits undertaken on specific practice areas as defined by QA framework timetable	Rolling programme to be drawn up by 31 January 2012	A	Lynn Chesterton	<ul style="list-style-type: none"> Regular robust reports delivered to Performance Monitoring Group Remedial action is taken within clearly defined timescales
2.1.7 <i>Links to IN13</i>	<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 QEF subgroup to be established to manage the audit process Performance monitoring and analysis reports to be developed and refined Effective audit tools and processes to be developed 	01.01.12 – 31.03.11	G	Lynn Chesterton Jo Bramwell	<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 identified areas of poor partnership working
2.1.8 <i>Links to IN 9</i>	Monitor and take action to secure appropriate caseload levels for all social workers by:	Monthly review		Ann Garratt Damian Elcock Christine	<ul style="list-style-type: none"> Performance reporting indicates caseload levels are a maximum of 20 per case holder

	<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 			Bellairs	
2.2 Outcome: Excellent supervision to ensure the quality of casework improves					
2.2.1 <i>Links to IN 3 OR 6 OR 10</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 Put in place appropriate spans of control to ensure compliance with supervision policy 	31.01.12	G	Lynn Chesterton Julie Barnard Lynn Chesterton Lynn Chesterton Lynn Chesterton	<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
		31.03.12		Sue Westcott	
		31.03.12		Sue Westcott	
2.3 Outcome: Independent Reviewing Officers quality assure the effectiveness of care planning and where appropriate challenge					

casework decisions or delays					
2.3.1 <i>Links to IN 2</i>	<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 01.01.12 29.02.12	A	Lynn Chesterton Sue Westcott	<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 IN 1&2 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	G	Lyn Chesterton	<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>Links to IN 1</i>	<ul style="list-style-type: none"> Support implementation of strengthened child protection and Children in Need planning processes through multi-agency training Strengthen and re-launch Children in Need procedures Review Children in Need Plan template 	03.01.12 – 31.03.12	G	Sue Westcott Beverley Clarke	<ul style="list-style-type: none"> All children and young people within the social care system have the right level of protection Those children and young people who are subject to a 'children in need' or 'child protection' plan are given an

					<p>appropriate plan with timescale that has clear and focused outcomes which highlight specific needs and risk</p> <ul style="list-style-type: none"> • 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 <i>Links to IN 1,2&3</i>	<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	G	Lynn Chesterton	<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 <i>Links to IN 1,2&3</i>	Reduce the number of children who become subject to a Child Protection Plan for a second or subsequent time	03.01.12 – 31.03.13	G	Lynn Chesterton	<ul style="list-style-type: none"> • In collaboration with operational managers produce a report to the Improvement Board setting out a plan for how to reduce the number of children subject to a Child Protection Plan

					<p>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 <i>Links to IN4</i>	<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% • Child Protection Coordinators to track and report on core group meetings and presence of appropriate parallel plans 	30.01.12 28.02.12	A	Ann Garratt Lynn Chesterton Karen Moody	<ul style="list-style-type: none"> • Consistent standards are applied to all Child Protection Plans • Audit of conference minutes completed • 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 referrals to Initial Assessments

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 <i>Links to IN11,12 & 13</i>	<ul style="list-style-type: none"> Membership and Governance Implement the multi-agency audit and performance framework and audit plan 	28.02.12	G	Lynn Chesterton Sue Westcott	<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 <i>Links to IN10</i>	Develop an "inspection ready programme" to prepare for the next full Ofsted inspection	31.05.12	G	Sue Westcott Beverley Clark	<ul style="list-style-type: none"> Programme is implemented and is effective
2.6.2 <i>Links to IN10</i>	<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	G	Sue Westcott Beverley Clarke	<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 IN 8 & 9 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 to cover life story work and parenting 	30.03.12	G	Sue Westcott Christine Bellairs	<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 new service to save money on external purchase of sessional

	assessment <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 				staff
Pillar Three: Creating an organisation fit for purpose					
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					
Accountable Leads: Sue Westcott					
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					
3.1.1 <i>Links to IN 4 OR 13</i>	<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 	30.01.12	A	Lynn Chesterton Christine Bellairs	<ul style="list-style-type: none"> 190 cases audited findings and learning shared through workshops with teams and cases needing further attention
3.1.2 <i>Links to IN4 OR 4</i>	<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	C	Ann Garratt	<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 4</i>	Ensure that staff in the contact centre have a clear understanding of the council's thresholds	Completed subject to monitoring	G	Ann Garratt	<ul style="list-style-type: none"> Staff are able to respond to contacts and referrals appropriately Inappropriate referrals are reduced and will be indicated by rising number of referrals offered early intervention and maintaining conversion of referrals to Initial Assessments at 80%
3.1.4 <i>Links to OR 1 OR 8</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	29.02.12	G	Malcolm Newsam	<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	31.03.12	G	Sue Westcott Ann Garratt Damian Elcock	<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 <i>Links to</i>	Protocol document developed outlining roles and responsibilities of new teams as well as transfer arrangements	29.02.12	G	Elaine Alexander	<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	G	Sue Westcott	<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</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	G	Elaine Alexander	<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 <i>Links to</i>	<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	G	Elaine Alexander	<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	G	Marcus Richardson	<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 <i>Links to</i>	Develop a broader ICT strategy that takes account of desktop hardware and mobile technology	03.01.12 – 31.03.12	G	Elaine Alexander	<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 	01.01.12	R	Malcolm Newsam Jonathan Lewis Wendi Ogle-Welbourn Sue Westcott Mandy Pullen	<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</i>	Ensure that 'Making Every Day Count' is implemented across children's services	03.01.12 – 31.03.03	G	Jonathan Lewis Wendi Ogle-Welbourn	All staff and partners have a clear understanding of the ambition and vision for the Council and how they contribute to the overall

				Sue Westcott	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: Wendi Ogle-Welbourn					
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 	12.12.11 – 31.03.12 (review)	G	Karen Moody Ann Garratt	<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 10% in a ratio of 80.8 per 10,000 over the 2012/13 financial year in comparison to 2011/12 Reduction of contacts into social care through establishing early intervention link to contact centre 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.

	<p>taken from the CAF assessment to the first TAC and set guideline timescales</p> <ul style="list-style-type: none"> Identify top 100 families that require a TAC and put in place TAC arrangements 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 				<p>schools that children's needs are being met</p> <ul style="list-style-type: none"> Relaunch of updated threshold document through multiagency workshops Quarterly multi-agency performance management report to be sent to SCS POSC
4.1.2 <i>Links to</i>	<ul style="list-style-type: none"> Develop and introduce method for collection of outcome information against CAF action plans Termly 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 PCC 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)	G	Karen Moody	<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</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 	12.12.11 – 31.03.12 (review)	G	Karen Moody	<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

	<ul style="list-style-type: none"> • Above effectively disseminated across partners communicated using a variety of methods • Action plan implemented 				<ul style="list-style-type: none"> • Role of the LSCB to be agreed
4.2 Outcome: A Children's Services Joint Commissioning Group is developed for commissioning early intervention and family support services					
4.2.1 <i>Links to</i>	Develop a commissioning, procurement and contracting framework to secure appropriate placements for looked after children and young people in order to secure better value for money and greater responsiveness to need	28.02.12	G	Sherry Peck	<ul style="list-style-type: none"> • Report proposing the new framework produced and presented to Children's Social Services Management Team and Managing Director • Commissioning framework implemented which results in reduction of spot purchasing
4.2.2 <i>Links to</i>	Joint Commissioning Framework developed for commissioning early intervention and family support services	28.02.12	G	Wendi Ogle-Welbourn	<ul style="list-style-type: none"> • Consult with partners • Report on draft framework to Peterborough Children's Trust for agreement and sign off
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 <i>Links to</i>	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	G	Karen Moody	<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 <i>Links to</i>	Address the accessibility of the multi-agency Directory of Services (which outline local services) and make it available to all professionals and parents in Peterborough	31.03.12	G	Sherry Peck Karen Moody	<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	31.03.12	G	Sherry Peck	<ul style="list-style-type: none"> • Register established with links to Adult Services Register

<i>Links to</i>	Children Services practitioners				
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 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	31.03.12	G	Flick Schofield	<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 children's social services and secure understanding of thresholds, eligibility, referral and assessment processes (Including linkage with CAF) through multi-agency, localised workshops	01.01.12	R	Karen Moody Ann Garratt	<ul style="list-style-type: none"> Eligibility and threshold criteria implemented Multi-agency staff survey undertaken
4.4.4 <i>Links to</i>	Work with multi- agency partners to ensure the correct understanding about what constitutes appropriate referrals to children's social services (making use of the new eligibility and threshold criteria)	30.04.12	G	Karen Moody Alison Sunley	<ul style="list-style-type: none"> Multi-agency referral form and clear guidance about criteria for referral to Specialist Services produced, launched and action taken to ensure that it is embedded 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</i>	Embed multi-agency implementation of the Common Assessment framework including the Lead Professional role	03.01.12 – 03.03.12 and review	G	Karen Moody	<ul style="list-style-type: none"> The number of CAFs undertaken increase across a variety of partner agencies
4.4.6 <i>Links to</i>	Establish clear remits for the Improvement Board, Children's Trust and the LSCB	31.03.12	G	Malcolm Newsam Wendi Ogle- Welbourn	<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 <ul style="list-style-type: none"> • 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 	31.01.12 29.02.12 31.01.12	A	Ann Garrett Damian Elcock Sue Westcott	<ul style="list-style-type: none"> • Risk tools disseminated to staff and communicated through staff briefings • Collaboration with MARU
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</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 	03.01.12 – 31.03.12	G	Julie Barnard Sue Westcott	<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

	agency staff				<ul style="list-style-type: none"> 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</i>	<ul style="list-style-type: none"> • Review social workers' responsibilities and workloads to ensure they are clearly defined 	June 2012	G	Mandy Pullen Sue Westcott	<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 <i>Links to</i>	Review recruitment process to ensure a positive experience for applicants	03.01.12 – 31.03.12	G	Julie Barnard	<ul style="list-style-type: none"> • Review of recruitment process to be undertaken
5.1.4 <i>Links to</i>	Review selection process	28.02.12	G	Julie Barnard	<ul style="list-style-type: none"> • New structure for selection process provides more opportunity to "sell" PCC to applicants • 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 <i>Links to</i>	Act on exit interview feedback	03.01.12	R	Mandy Pullen	<ul style="list-style-type: none"> • Information from exit interviews helps improve recruitment and retention
5.1.6 <i>Links to</i>	Review the workforce and take the necessary steps to address capacity and capability shortfalls	03.01.12 – 30.09.12 and review	G	Sue Westcott	<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</i>	Review recruitment planning	03.01.12 – 31.03.12 and review	G	Julie Barnard	<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</i>	Review current arrangements, and materials including staff booklets, and report with proposals	03.01.12 – 31.03.12 and review	G	Julie Barnard	<ul style="list-style-type: none"> • Induction process fit for purpose including induction of overseas staff
5.2.2 <i>Links to</i>	Reinforce workplace induction to ensure staff have reasonable facilities	31.03.12	G	Julie Barnard	<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 <i>Links to OR 12</i>	Complete a training needs analysis that is informed by information about the areas for attention outlined by inspection findings and other information	03.01.12 – 30.06.12	G	Julie Barnard	<ul style="list-style-type: none"> • Analysis produced and new development programme for 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	31.03.12	G	Malcolm Newsam Mark Garratt	<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	31.03.12	G	Malcolm Newsam Mark Garratt	<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	31.03.12	G	Sue Westcott	<ul style="list-style-type: none"> • Implementation programme developed • Operational model is implemented • 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	31.03.12	G	Malcolm Newsam Sue Westcott	<ul style="list-style-type: none"> • Targets and measures are established and reflected in the report card

	auditing process to be made available to the Improvement Board for consideration				<ul style="list-style-type: none"> Leadership team has clear and effective lines of accountabilities to ensure an effective delivery of service
6.3.2	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			Ann Garratt Damian Elcock	<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	Interim Service Manager for Referral and Assessment
Beverley Clarke	Improvement Consultant
Brian Roberts	Head of Learning and Opportunity for Children in Care
Christine Bellairs	Interim Service Manager for Family First Response
Damian Elcock	Service Manager for Integrated Case Management
Deborah Glassbrook	Interim Service Manager for Provider Services
Elaine Alexander	Head of Projects and Change Management
Flick Schofield	Chair of Peterborough Safeguarding Board
Iain Easton	Head of Youth Offending Service
Jackie Coventry	Service Manager for Referral and Assessment
Wendi Ogle-Welbourn	Assistant Director for Strategic Commissioning and Prevention
Jo Bramwell	Team Manager, Quality Assurance
Jonathan Lewis	Assistant Director for Education and Resources
Julie Barnard	Workforce Development Manager
Karen Moody	Head of Early Intervention and Prevention
Kim Sawyer	Head of Legal Services
Lyn Chesterton	Service Manager, Safeguarding and Quality Assurance
Malcolm Newsam	Executive Director of Children's Service's
Mandy Pullen	HR Manager for Children's Services
Marcus Richardson	Performance and Information Analysis Manager
Mark Garratt	Performance Manager
Oonagh Aitken	

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