

What needs to improve?

1 The quality of support, advice, and guidance for care leavers, including those with additional vulnerabilities, to ensure that this is timely, consistent, and responsive to levels of need.

	Outcome	Actions	Outcome measure	Timescale	Action RAG	Accountability	Outcome Measure RAG
1.1	All care leavers are allocated a PA in a timely way.	Ensure allocation of PA for all CiC (all new cases from 01 Mar 24) as part of the leaving care assessment of needs completed no later than age 16 years and 3 months, as per Sec 5 PCC procedure 'Leaving Care and Transition'.	All cases allocated to a PA. Audit of all new cases since Mar 24. Target 90%.	May 24		Service Director QA Head of Service	

1.1a			Audit the impact on CL of prompt allocation dates.	June 24			
1.1b		Returning former relevant young people allocated a PA within five working days of their CL status being agreed.	All new cases since 01 Mar 24 allocated within 5 days. Audit of all new cases since 01 Mar 24. Target 90%.	May 24 June 24		Service Director QA	
			Audit the impact on CL of prompt	Apr 25			

			allocation dates.				
1.2	All care leavers are well prepared for the transition from being in care and have a named PA.	Deliver workshop to PAs re co-production and recording of personalised Transition planning.	Team workshops delivered. Two monthly dip sample x 3 then review and re plan if required.	June 24 June 24 – Dec 24		Service Director Head of Service	
1.2a		Best practice examples shared and placed in library.	Library in place. Evidence of use via case records and supervision.	Oct 24 Dec 24		Service Director - Practice	

1.3	All PCC care leavers benefit from a comprehensive local offer agreed by PCC that supports them to be safely independent and achieve their potential.	Develop and implement a revised local offer that reflects best practice and high ambition.	<p>Revised offer agreed and resources in place. Phase 1.</p> <p>All CL receive copy of new offer. Phase 1.</p> <p>Phase 1 new offer on PCC intranet and Gov.uk</p> <p>Implement new offer.</p>	<p>Mar 24</p> <p>Oct 24</p> <p>August 24</p> <p>Aug 24</p>		Service Director Head of Service	
1.4	All care leavers have the opportunity to live in safe, suitable accommodation that meets their needs.	Review sufficiency strategy for CL with housing partners to maximise their contribution and expertise.	Complete market and cohort scoping and identify what is required. (Type, volume, location, cost,	Jul 24		Service Director Head of Children's Commissioning and Head of Housing.	

			and level of support).	Oct 24		
1.4a		Increase the range and quantity of suitable accommodation for CL.	Complete market and cohort scoping and identify what is required.	Oct 24 Dec 25		Service Director Children's Commissioning and

			(Type, volume, location, cost, and level of support). Agreement re. additional accommodation for CL.			Head of Housing	
1.5	All PCC care leavers are exempt from paying council tax until the day preceding their 25th birthday.	Ensure best practice by agreement to exemption from council tax for care leavers until the day preceding their 25th birthday.	Resources secured and included in Phase 1 revised local offer.	Aug 24		Service Director	
1.6	All PAs and their managers are sufficiently skilled and are tenacious in their efforts to positively engage with and respond	Deliver training workshops and slide deck to all PAs and CL team managers.	Training delivered and slide decks distributed.	April and May 24 Jan 25 – Mar 25		Service Director – Practice Service Director QA	

	to the needs of care leavers.					
			Impact of improved quality of practice and engagement via 3 x monthly dip sample and supervision, then review. Target 90%.	January – March 25		
1.7	PAs are well supported and helped to achieve high standards of practice by their managers.	Improve the quality, regularity and recording of supervision by further training all PAs.	Supervision training delivered and slide decks distributed.	Nov 24 – Feb 25		Service Director – Practice

			Evaluate impact via 3 x monthly dip samples of case and supervision records then review. Target 90%.	Dec 24 – Mar 25		
1.8	Managers understand how to use practice guidance, oversight, and supervision to improve practice.	Improve the recording and quality of oversight and practice directions in case records by further training for managers.	Deliver training workshop and slide deck for CL managers. Impact of improved management oversight of practice. Dip sample/audit case and	Nov -Dec 24 Mar – May 25		Service Director – Practice

			supervision records.				
1.9	PCC care leavers are supported to engage with and have easy access to physical and mental health support.	Improved access to physical and mental health support. Revised health offer for care leavers.	Resources secured and agreed – Phase 2 local offer. New practice and access guidance for managers, PAs, and care leavers.	Jan 25 May 25		Service Director ICB Chief Nurse	
1.10	PCC care leavers are supported to engage with and have easy access to leisure, social and learning activities as part of the local offer.	Improved and easier access to support for leisure, social and learning activities.	Resources secured and agreed. New practice and access guidance for managers, PAs and care leavers. Inclusion in revised local offer Phases 1 and 2.	June 24 Oct 24 Oct 24		Service Director	

1.11	The proven benefits of the House Project for stable secure independence are available for appropriate care leavers.	Implement agreed plans to develop House Project.	Resources secured and agreed. Project plan in place. Work completed and part of BAU.	May 24 Mar 24 Jan 25		Service Director	
1.12	An increased number of care leavers are fully engaged in suitable education, employment, or training.	Develop and implement a plan with internal and external partners to increase the numbers of options open to CL.	Plan agreed and work commenced. Increased number/rate of CL in EET evidenced in management information.	May 24		Service Director Head of Virtual School Head of Service	

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1.13	Specific job roles within PCC are identified and targeted for recruitment from care leavers.	Develop apprenticeship s/ employment opportunities within PCC for CL.	Resources and policy agreed. Identify opportunities. Implementation plan	April 24 Apr – Jul 24 Jan 25		Service Director HR & Transformation	
1.14	PCC Corporate Parenting Board is strong, ambitious and demonstrates effective impact for children in care and care leavers.	Senior leaders collaborate with elected members, participation officer and CiC Council to strengthen the impact of the Corporate Parenting board.	Time limited working group LGA Peer Review LGA Peer Review recommendations	Sept 24 July 24 Jan 25		Service Director Head of Service	
1.15	An effective Service for care leavers Caseloads are within	Engage with the DfE National Advisor for Leaving Care and implement their	Deliver the required actions identified. Management information	Sept 24 Sept 24		Service Director Head of Service Service Director	

	expected tolerance	recommendations.	each month/performance reporting.			Head of Service	
1.15a			Additional staff resource in place				
What needs to improve?							
2 Social work support for disabled children in need of help and protection.							
2.1	All staff and managers in MASH and 0-25 team have a thorough understanding of thresholds for intervention. Children get the right help at the right time.	Reissue guidance and refresher workshop application of thresholds MASH and 0-25 team.		June 24		Service Director Heads of Service MASH and CwD QA service	

2.1a			Impact measured via 6 x dip sampling then review. Target 100% - tolerance 10%.	Sep 24 – Mar 25		Service Director Heads of Service MASH and CwD	
2.2	All children are allocated within 24 hours of receipt of referral.	All children are allocated within 24 hours of referral being received in the 0-25 team.	All children are allocated within 24 hours of referral being received in the 0-25 team. Impact measured via dip	June 24 May 24 Sep - Dec 24		Head of Service CwD	

			sample x 3. Target 100%				
2.3	A qualified social worker is always on the duty rota.	0-25 team. Amend practice guidance and ensure a qualified social worker is always on the duty system.	Sample duty rota x 3 then review.	May, June & Oct 24		Head of Service CwD	
2.4	A responsive child protection intervention	Reposition the 0-25 service to ensure it sits within children's services	Improved child protection response	June 24		DASS and DCS	
What needs to improve?							
3 The identification and response to increased vulnerability when children are electively home educated or missing from education.							
3.1	When the needs of children missing education or who are electively home educated	Increase staffing capacity in CME and EHE teams. Referrals to other teams made promptly.	Staff in place. Impact measured via 3 x dip sampling x3 monthly then review. Target 100%	Sep 24 Nov 24 - Feb 25		Service Director Admission and Attendance Manager	

	escalate, they are referred to the appropriate teams without delay.						
What needs to improve?							
4 The consistency in quality of social work assessments.							
4.1	Good quality children's assessments take all significant factors into account. Recommendations for actions to be taken are clear and help to keep children safe.	Deliver training and guidance to social workers. (Importance of history, analysis and specificity of action needed.)	Training delivered	June 24		Service Director - Practice	
4.1a		Improve assessment quality		June 24		Service Director - Practice	

4.1b		.	Dip Sampling to test impact 3 x monthly.	Sep – Dec 24		Service Director QA	
4.2	High quality safety plans responsive to the changing needs of children and children are safer.	Deliver refresher training and practice guidance to social workers.	Deliver training and provide refreshed practice guidance.	Sep-Dec 24		Service Director Practice	
4.2a		Improve safety planning in early stage of assessment process.		June 24			

			<p>Monthly x 6 dip samples show rising rate of plans detailing how risks will be managed.</p> <p>Review after 6 months sampling. Target 100%</p>	Jan – June 25		Service Director QA	
What needs to improve? 5 The sufficiency of suitable placements that can meet children and young people’s assessed needs							
5.1	Increased number of in-house foster carers so that more CiC can	Develop and implement a sufficiency strategy that will	Strategy developed and agreed.	July 24.		Service Director and Head of	

	live nearer to Peterborough.	increase in house care and reduce use of purchased provision at distance from Peterborough.	Implementation plan in place and work commenced. Review progress and reset targets after 12 months.	Sep 24 - 25 Sep 25		Children's Commissioning	
5.2	Children are only placed in residential care when that is the best option for them.	Retrospective review of all children placed in residential care.	Identification of those children placed but where there are other options, realistic alternative placement plans agreed.	June – Oct 24		Service Director Head of Service CiC	
5.2a		Care planning amended where necessary.	CiC move to suitable living arrangements	Oct – Dec 24		Service Director Head of Service CiC IROs	
5.2b	The PCC Fostering Service is fit for purpose	Local service transformation.	Review completed and	Sep 24		Service Director and Fostering	

	and provides good quality care and services for children.		recommendations agreed. Staff consulted and advised. Agreed model in place.	Nov 24 Mar 25		Head of Service	
5.2c			Review service effectiveness annually.	Sept 24			
5.3	Practice focuses on children's needs and experiences and is influenced by their wishes and feelings.	Improve the way children are included in developing their own care plans and that their voice is always clearly recorded in their care/pathway plan.	CiC Council consulted and engaged. Practice guidance issued and bite size workshops to staff delivered. Monthly dip sample x 3 then review.	Sep 24 Oct-Dec24 Feb – May 25		Service Directors	

5.4	All options for permanency are consistently fully explored and documented. The best options are supported to succeed wherever possible.	Ensure that all permanency options are explored and documented by the second CiC review include SGO and kinship care.	Review and changes to practice guidance complete and agreed. Comms to staff and amended guidance issued. Quarterly dip samples x 3 then review.	Sep 24		Service Director QA	
				Nov 24 - Apr 25			
						Service Director	
5.5	A reduction in the number of children whose long-term fostering plans is delayed.	Case records evidence that all efforts have been taken to reduce and avoid delay.	Review of individual cases and any changes to practice guidance complete and agreed.	June 24		Service Director Heads of Service IROs	

5.5a		Develop and implement a robust tracking and challenge process to avoid delay where a child's plan is L/T fostering.	Comms to staff and amended guidance issued. Quarterly dip samples x 3 then review.	Oct 24 Dec 24 - Sep 25		Service Director Heads of Service IROs Service Director QA	
5.6	To ensure all Peterborough children, where appropriate, can be cared for via SGO there are no financial barriers to foster carers becoming Special Guardians.	Develop and implement a financial no detriment policy to support foster carers to become Special Guardians.	Resources and policy changes are agreed. Policy change is implemented, and foster carers are made aware.	Jan 25 Apr 25 No detriment policy Sep 24		Service Director	
5.7	CiC receive timely health assessments .	Collaborate with partners in health to ensure timely health assessments	Quarterly review to track progress.	June 24-		Service Director ICB Chief Nurse	

		are completed and set targets for improvement.	Annual review to reset targets if necessary.	June 25			
What needs to improve?							
6 The consistency of support for children who go missing from care							
6.1	CiC receive consistent, responsive, and good quality support when they go missing and this is evident in their case records.	Develop practice guidance to ensure that all CiC who go missing receive a strong, consistent, and supportive response.	Review and changes to guidance complete and agreed. Comms to staff and amended guidance issued.	Sep 24		Service Director Practice	
				Oct24			
				Jan- Jun25			
				July 24			

			Two monthly dip samples x 3 then review.				
6.2	CiC who go missing are supported by staff who have high awareness of the risks of exploitation.	Deliver training to all relevant staff - recognition of and best practice in risks of intervening to minimise exploitation.	Training delivered. 3 x monthly dip samples then review. Target 90%.	Nov – Dec 24 Apr – June 25		Service Director Head of Service	
What needs to improve?							
7 The quality of supervision, so that social workers are supported to think through complex situations, to help children make progress.							
7.1	Regular, effective supervision ensures good care planning for CiC and that supports all social workers in all teams to	Deliver training and slide deck to all team managers. Work with LRPC on model of management oversight and supervision.	Training to be delivered.	Sep 24 – Feb 25		Service Director - Practice	

	address complexity.						
7.1a		Improve the quality, regularity and recording of supervision.	Test impact via monthly x 3 dip samples of case and supervision records then review. Target 90%.	Apr– Aug 25		Service Directors and Heads of Service	
What needs to improve?							
8 Service capacity, particularly in the safeguarding teams, care leaver service and emergency duty service							
8.1	Corporate support for Children's Services improvement plan	Secure resources to support improvement plan.	Resources agreed and made available.	May 24		Cabinet Corporate Leadership Team (CLT)	
8.2	A new or refreshed practice model underpinned by a comprehensive assessment	Complete an independent review of Family Safeguarding practice model then consider	Review complete and findings considered. Decision in relation to what practice	Apr 24 May 24		Children's Services Leadership Team (CSLT)	

	of effectiveness and capacity to improve.	and act on findings.	model made and agreed. Plan for next 12 months in place.	June 24			
8.3	Sufficient establishment to deliver a good quality children's social care service.	Secure resources and recruit staff.	Resources agreed. Staff recruited and in place.	Apr 24 Dec 24		CLT CSLT	
8.3 a	Develop and implement a Social Work Academy.	Lead on the implementation and embedding of local practice model. Supported allocation of cases to recently qualified social workers.	Resources agreed. Development plan in place.	Sep 24		Transformati on	
8.3b	Sufficient numbers of qualified and	Recruit 15 social workers	Reduce reliance on, volume and	Sep 24		Transformati on Lead	

	experienced social workers.	from outside the UK	cost of agency/interim social workers.				
8.4	Caseloads are manageable and set in line with the agreed safe operating model.	Develop and implement a standard safe operating principles to establish and implement manageable caseloads.	Options document completed. Decision made. Implementation plan. Caseloads reset.	Mar 24 Apr 24 Sep 24 Mar – Dec 25		CSLT	
8.5	EDT has sufficient capacity to meet need in Peterborough .	Review current commissioning arrangements EDT.	Review completed. Outcome considered and any actions agreed.	Mar – Sep 24 Sep – Dec 24		Service Director and Head of Children's Commissioning	

8.6	Sufficient staff and management capacity to deliver a high quality safe and effective, responsive service for PCC care leavers.	Review and restructure CL service. Recruit and appoint new team manager and PAs.	Agreed structure and team numbers. Team manager and new PAs in place. Cases allocated.	June – July 24 Oct 24 – Jan 25 Oct 24 – Jan 25		CSLT Service Director Head of Service	
8.7	A workforce plan that facilitates staff development, practice improvement, learning and career progression.	Develop and implement a revised workforce development plan.	Plan completed and agreed. Comms to staff and managers Plan implementation started	Oct 24 Jan 25 Apr 25		Service Director - Practice	
8.8	The practice of staff and managers has improved and the impact on children is	Commissioning and delivery of new/ refresher training for staff and managers. Practice fundamentals.	Training delivered as per this action plan. Impact on practice reviewed and	From Autumn 24 - Throughout 2024 and 2025		Service Director - Practice	

	clearly evidenced.		targets met or reset.			
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Action RAG	Criteria
Blue	All necessary actions have been completed
Green	Necessary actions have commenced and will be completed before the due date
Amber	Necessary actions have commenced but progress is at risk of not meeting the due date.
Red	Necessary actions have commenced but will not be completed before the due date

Outcome RAG	Criteria
Green	Current outcome measure in line with target.
Amber	Current outcome measure is not in line with target, but mitigation is in place to ensure a positive outcome at inspection.
Red	Current outcome measure not in line with target, and no mitigation is in place to ensure a positive outcome at inspection.

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