

Composite Outcomes and Action Plan for improving services to children and young people

Arising from:

- Improvement and Development Agency review of safeguarding – May 2010
- Unannounced Ofsted inspection of contact, referral and assessment arrangements – June 2010
- Announced Ofsted inspection of safeguarding and looked after children services – September 2010

Version 3: November 2010

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Key:	
UI	Unannounced Ofsted inspection of contact, referral and assessment arrangements
PR	Improvement and Development Agency peer review of safeguarding
S&VC	Safeguarding and Vulnerable Children Service
HSCB	Herefordshire Safeguarding Children Board
R&A	Referral and Assessment
CIN	Children in Need
CYPD	Children and Young People's Directorate
LACHYP	Looked after children and young people

Text highlighted in **blue** indicates recommendations made by Ofsted in September 2010

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
Section 1 Quality of practice, including assessment and direct work with children and families							
1.1	Improve quality and timeliness of assessments ensuring they explicitly identify risk and protective factors and identify individual needs of children and young people (para 42)	All children and young people referred to children's social care receive a timely assessment of high quality which explicitly identifies risk and protective factors for each child	Lisa Green, Head of Fieldwork	R&A Service Improvement Group S&VC Senior Management Team HSCB	Reconfigure R&A team – interim model Increase partner agency contributions to assessment Develop key staff to understand requirements through series of development workshops Quality assure assessments weekly (3 audits undertaken each by Head of Service and Assistant Director) and record actions for improvement	25 October 2010 31 March 2011 31 January 2011 From 1 October 2010	UI
1.2	Ensure that staff receive regular reflective and outcome-focused supervision in line with policy requirements, that supervision on cases is recorded on appropriate supervision template and that this is accessible on the electronic recording system. (para 78)	All staff receive regular, reflective and outcome-focused supervision	Lisa Green, Head of Fieldwork	R&A Service Improvement Group S&VC Senior Management Team	Embed use of supervision template on all safeguarding cases. Ensure regular audits of cases against supervision standards Report regularly to Assistant Director for Quality Assurance Group	End of November 2010 From January 2011 From February 2011	

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
1.3	<p>Some children's social care assessments are (para 42):</p> <ul style="list-style-type: none"> ▪ too descriptive, ▪ insufficiently analytical, ▪ lack sufficient contribution from partner agencies ▪ and do not always take historical info into account. ▪ not enough focus on individual need when assessing sibling groups <p>In some S47 cases agencies take too long to respond to requests for information (para 43)</p>	<p>All children's social assessments to include sharp analysis, good account of history, focus on individual children's needs.</p> <p>All Initial assessments and core assessments to have sufficient contribution from partner agencies</p>	Lisa Green, Head of Fieldwork	R&A Service Improvement Group HSCB Steering Group	<p>Train all fieldwork social workers on areas of improvement in assessment.</p> <p>Audit compliance with assessment guidance through audit programme</p> <p>Partner agencies to commit to contributing information swiftly, jointly visiting where necessary on all key assessments for children</p> <p>Agree standard timetable for receiving information</p>	<p>31 March 2011</p> <p>From January 2011</p> <p>31 March 2011</p> <p>December 2010</p>	UI
1.4	Improvements needed in children in need planning (para 11)	All children in need (i.e. receiving a social care service under this category) receive an assessment, plan, intervention and review under the new children in need policy and guidance (launched 5 th October 2010)	Lisa Green, Head of Fieldwork	S&VC Senior Management Team Policy and Practice sub group, HSCB Quality Assurance and Evaluation sub group, HSCB	<p>Embed compliance to CIN policy and guidance</p> <p>Partner agencies to commit to contributing information swiftly, jointly visiting where necessary on all key assessments for children</p> <p>Audit compliance through multi agency themed audit</p>	<p>From 5 October 2010</p> <p>From December 2010</p> <p>May 2011</p>	UI

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
1.5	Children's social workers haven't always recognised need to request info from adult or mental health services as part of assessments (para 43)	Adult and mental health services always considered as part of assessment and planning for children looked after, subject to child protection plan and child in need	Daniel Crampton, Head of Safeguarding and Review	S&VC Senior Management Team	Produce clear guidance for children's social care staff re reasons to consider and how to do so Liaise with colleagues in adult and mental health services to ensure clear routes to information sharing and consultation re assessments	January 2011 January 2011	
1.6	Feedback to referrers by children's social care is not routinely given within prescribed timescales not recorded or monitored (para 43)	Referrers always receive feedback within prescribed timescales from <i>Working Together 2010</i> and this recorded on child's file	Lisa Green, Head of Fieldwork and Hilary Hall, Head of Quality and Improvement	R&A Service Improvement Team S&VC Senior Management Team HSCB Steering Group	Devise system to ensure feedback always given in prescribed timescale Devise monitoring system to check progress and ensure 100% compliance	From 1 December 2010 From 1 December 2010	
1.7	Too many assessments of CIN in RAT have not been completed in timescale resulting in delays in some families receiving services (para 11)	Assessments of Children in need to be completed in timescale against locally agreed target by end January 2011	Lisa Green, Head of Fieldwork	S&VC Senior Management Team	Ensure excellent management systems in team to enable swift flow of work Enable staff to complete quality but swift Initial assessments of CIN with clear forward plans Manage CIN core assessments to ensure timely completion	January 2011 January 2011 January 2011	

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1.8	Partners perceptions of RAT need improving (para 44)	Ensure that partners have confidence in the referral and assessment team and that this leads to appropriate referrals.	Kim Drake, Assistant Director, S&VC	R&A Service Improvement Group	Produce clear referral standards for all partners including R&A team Gain commitment from partner agencies to be part of joint solution via R&A Service improvement group Monitor and review quality of team approach	31 December 2010 January 2011 (partner event) From January 2011	
1.9	Little evidence that parents or carers receive copies of assessments or info on making complaints/consent to sharing information (para 44)	All parents /carers and young people where relevant should receive copy of assessment undertaken about them and receive information about complaints and access to records	Lisa Green, Head of Fieldwork and Hilary Hall, Head of Quality and Improvement	R&A Service Improvement Group	Ensure system in place to send all service users clear info re complaints and access to records information. Embed into practice that assessments must be shared as part of the assessment itself.	1 December 2010 From 1 December 2010	
1.10	Inconsistent practice in assessments and family work of understanding and impact of ethnicity religion and culture (para 47)	All assessments undertaken by children's social care adequately consider impact of ethnicity religion and culture	Sharron Goode, Workforce Strategy Manager	S&VC Senior Management Team	Devise and deliver workforce development module to raise awareness and confidence in this area	January 2011	UI
			Daniel Crampton, Head of Safeguarding and Review	CYPD Quality Assurance Group	Monitor improvement through audits and P&R RAG rating	From March 2011	

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1.11	The council has yet to evaluate effectiveness of Family Group Conferences (para 66)	Family Group Conference service to be evaluated for effectiveness	Kim Drake, Assistant Director S&VC	S&VC Senior Management Team	Evaluate FGC service in Herefordshire and plan for future service needs	February 2011	
1.12	Reports from social workers about looked after children are not always shared with young people and their family prior to reviews (para 71)	All reports must be shared with children and young people and their families prior to a looked after children review to ensure maximum engagement and involvement	Stephanie Rowles, interim Head of LAC	S&VC Senior Management Team Corporate Parenting Panel	Devise clear standard and policy and embed with LACHYP staff Devise system for monitoring improvements	January 2011	
Section 2: Monitoring and protecting vulnerable children							
2.1	Protocol for missing children does not incorporate children missing from education or health settings (para 19)	All children who become 'missing' via any agency are known to all key agencies and a clear action plan in place for them	Daniel Crampton, Head of Safeguarding and Review	Policy and Practice sub group, HSCB	Clear protocol established and used by all agencies to link information regarding any missing child	February 2011	
2.2	HSCB has not analysed info gathered re missing children to address areas of concern (para 19)	HSCB to regularly receive and analyse information cross agency re missing children and outcomes for them	Daniel Crampton, Head of Safeguarding and Review	HSCB	HSCB Business Manager to schedule reporting to Board Head of Safeguarding and Review to prepare reports as needed	December 2010 From March 2011	
2.3	Private fostering notifications remain low and are not effectively monitored by HSCB (para 19)	All children who are privately fostered in Herefordshire are identified and their	Stephanie Rowles, Interim Head of LAC	HSCB	Raise awareness through locality teams and Multi-Agency Groups Continue annual multi	March 2011 March 2011	

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	21)	arrangements assessed and supported. HSCB effectively monitor and scrutinise activity.			agency training Raise awareness through Children's Trust Have annual campaign to raise awareness across Herefordshire Annual reporting to HSCB in place	March 2011 March 2011 March 2011	
Section 3: Multi-agency processes and working							
3.1	Children's social care not contributing effectively to MARAC processes including referring cases (para 20)	Children's social care to be a significant contributor to MARAC through attendance at meetings and referral of cases	Lisa Green, Head of Fieldwork	Domestic Abuse Forum S&V Senior Management Team	Identify manager representative from S&VC to attend all MARACs. Head of Fieldwork to attend all domestic violence forum meetings	End of November 2010 From November 2010	
			HSCB Business Manager		HSCB to receive and analyse information about MARAC on regular basis	From May 2011	
3.2	Confirmed funding of Women's Aid functions in counselling children subject to domestic abuse and screening of referrals and CAFs (para 20)	Safe screening and assessment of all children referred to Women's Aid in Herefordshire where domestic abuse has affected them	Kim Drake, Assistant Director S&VC	-	Confirm funding of screening post for 2011/12	October 2010 – completed	
			Jan Frances, Women's Aid and Lisa Green, Head of Fieldwork		Recruitment of post	January 2011	

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
3.3	Levels of Need document needs to be fully understood by partners, thresholds tested and embedded in partnership (para 33)	Children and young people in Herefordshire receive equitable services relevant to need and risk Children's workforce staff are confident in applying the levels of need framework resulting in the right children receiving the right level of assessment and service	Debbie McMillan, Head of Locality Services and Sharron Goode, Workforce Strategy Manager	Children's Trust HSCB	Develop clear plan for embedding framework across Children's Trust Develop and deliver workforce development module around the framework Evaluate and review staff confidence and knowledge	From November 2010 From December 2010 March 2011	UI PR
3.4	Work of EDT adequate but not sufficiently responsive (para 45)	EDT responsive to needs of key stakeholders and ultimately ensuring children and young people receive a good service during non office hours	Kim Drake, Assistant Director S&VC	S&VC Senior Management Team	Review and re-commission EDT service Devise robust contract monitoring process	March 2011 From November 2010	
Section 4: Early intervention, including Common Assessment Framework (CAF)							
4.1	Scope for greater involvement by schools in CAF (para 23)	Full engagement of all schools with the CAF process	Debbie McMillan, Head of Locality Services	CAF Steering Group	Identify schools not engaging in CAF process and develop robust action plan to address	March 2011	

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
4.2	Use of CAF consistently applied to children and young people no longer needing social care services including RAT post (para 24)	All relevant cases stepped down from social care have team around the child via locality teams CAF is consistently used to identify needs for children ultimately referred to social care	Debbie McMillan, Head of Locality Services	CYPD Directorate Leadership Team	Embed agreed protocol and mechanisms for stepping down from children's social care, including training for staff Continued focus on diverting relevant referrals to CSC to CAF. Performance monitoring through management information	From November 2010 From November 2010 From November 2010	
4.3	Further intensive work is required to prevent teenagers entering the care system unnecessarily (para 66)	A clearly commissioned 'edge of care' service that can work to prevent this	Kathy O'Mahony, Assistant Director Community Operations	Joint Commissioning Group	Scope potential model/s and costs Agree new service through Joint Commissioning Group	February 2011	
Section 5: Human Resources							
5.1	Improve recruitment and selection info in personnel files (para 25)	All personnel files for children workforce have clear information about recruitment and selection for reference and audit.	Mel Ganderton, HR Manager	DLT	Conduct a complete file audit for all CYPD Develop personnel file checklist, ensuring link between CRB database and personnel file Send communication to schools regarding pre employment checks, and the need to evidence to local authority.	March 2011	

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Section 6: Herefordshire Safeguarding Children Board							
6.1	LADO reporting and analysis required by HSCB including low referral rate from police and health (para 33)	Robust analysis of LADO activity to ensure children are safe from professional adults	Daniel Crampton, Head of Safeguarding and Review	HSCB	Regular reporting of LADO activity and challenges to HSCB Increase awareness of responsibility amongst partner agencies especially health and police	Quarterly from January 2011 From January 2011	
6.2	Agencies do not always escalate concerns when they relate to a partner agency (para 34)	Ensure that agencies effectively escalate concerns with partner agencies and that appropriate remedial action is taken	Kim Drake, Assistant Director S&VC	Policy and Practice sub group, HSCB	Review and relaunch HSCB escalation policy	December 2010	PR
6.3	Performance monitoring by HSCB is currently inadequate and it does not receive nor effectively analyse sufficient information to offer an accurate oversight of agencies' safeguarding practice (para 50)	Ensure that sufficient information is given to, and effectively analysed by, the HSCB to include the outcomes of single and multi-agency audits so that it can effectively monitor safeguarding and child protection and hold agencies to account.	Hilary Hall, Head of Quality and Improvement	Quality Assurance and Evaluation sub group, HSCB	Devise model for agencies to use to give effective information to QA group	From January 2011	PR
			Sue Doheny, Director of Quality and Clinical Leadership	HSCB Strategic Board	Ensure effective analysis of information through QA group membership and operating model	From February 2011	

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
6.4	Several aspects of HSCB performance framework have yet to be developed (para 50)	Implement whole performance framework for HSCB Ensure that HSCB has sufficient operational capacity to perform its role effectively.	Hilary Hall, Head of Quality and Improvement and Sue Doheny, Director of Quality and Clinical Leadership	HSCB Strategic Board	Develop and agree performance framework Implement performance framework Monitor implementation Agree model for future business unit in conjunction with Adult Safeguarding Board Recruit to business unit	January 2011 From February 2011 From April 2011 November 2010 January 2011	PR
6.5	Lack of compliance at HSCB by agencies in producing reports on performance (para 50)	All agencies comply with required performance reporting as set out by Business manager	Hilary Hall, Head of Quality and Improvement HSCB Business Manager	HSCB Steering Group	Provide clear information about requirements, cycle of timescales and content	January 2011 (as part of performance framework)	PR

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6.6	-	Ensure distinction between Children's Trust and HSCB roles	Chris Baird, Assistant Director, Planning, Performance and Development	HSCB Children's Trust	Establish Stay Safe outcome group as part of Children's Trust, reporting directly to the Children's Trust Management Group. Stay Safe outcome group to establish and deliver 2010/11 delivery plan, report card HSCB Steering Group to reconfigure work programme and HSCB Business Plan to reflect change and concentrate on HSCB activity	October 2010 – review effectiveness by February 2011 December 2010 December 2010	PR
Section 7: Performance management and quality assurance							

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
7.1	<p>The council has not ensured sufficient awareness of their complaints process and early resolution of complaints is not recorded and analysed to identify trends (para 35)</p> <p>There is limited evidence that young people are appropriately encouraged and enabled to complain and comment through the complaints process. The view of the council is that informal systems are used effectively to resolve issues (para 74)</p>	<p>Ensure that children and young people know how to make a complaint, and that early resolution of complaints is recorded, themes are identified to learn lessons, and appropriate action is taken</p> <p>CYPD is able to analyse trends and improve services accordingly</p>	Hilary Hall, Head of Quality and Improvement	CYPD Directorate Leadership Team	<p>Ensure that complaints leaflets sent out to all service users at point of contact with directorate</p> <p>Ensure all CYPD staff aware of their responsibility to disseminate complaints information.</p> <p>Devise system for collating 'soft' information re potential complaints and early resolution, reporting to DLT</p> <p>Report bi annually to Corporate parenting panel and S&VC SMT for changes to service</p>	<p>November 2010</p> <p>From December 2010 – quarterly updates</p> <p>January 2011</p> <p>From April 2011</p>	
7.2	<p>Electronic recording system does not effectively support effective delivery of children's social care social workers and staff or provide useful management information or performance reports (para 51)</p>	<p>Improve the electronic recording system so that it can produce accurate information and performance can be effectively monitored.</p>	Hilary Hall, Head of Quality and Improvement	<p>Frameworki Business Strategy Forum S&VC Senior Management Team</p> <p>Directorate Leadership Team</p>	<p>Reconfigure Frameworki episodes and reporting functions in line with action plan</p> <p>Train staff on any changes</p> <p>Agree key changes through SMT</p>	<p>October 2010 – March 2011</p> <p>October 2010 – March 2011</p> <p>October 2010 – March 2011</p>	UI

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7.3	Monitoring by the council of actions taken following audits is variable and not consistently resulted in significant improvement (para 51)	<p>Ensure that there is effective performance monitoring including sufficiently in depth auditing which ensures good and timely social work responsiveness, assessment and care planning.</p> <p>Audits undertaken by children's social care are in depth and robustly challenging practice and systems to ensure that outcomes for children are good</p>	Chris Baird, Assistant Director, Planning, Performance and Development and Hilary Hall, Head of Quality and Improvement	S&VC Senior Management Team CYPD Quality Assurance Group	<p>Review and revise current audit tool</p> <p>Revise programme for audits with focus on key areas</p> <p>Devise monitoring tool for use across the directorate</p> <p>Quality assure audit process and actions to ensure changes made</p>	<p>December 2010</p> <p>December 2010</p> <p>December 2010</p> <p>Bi-monthly reports starting February 2011</p>	UI PR
7.4	Child protection conference chairs evaluation of all cases has slow impact of improved performance e.g. reports from social workers to conference not in good time affecting sharing of information with colleagues (para 52)	Impact of conference chairs case evaluations is visible and embedded quickly into practice improving outcomes for children and young people	Daniel Crampton, Head of Safeguarding and Review	S&VC Senior Management Team CYPD Quality Assurance Group	<p>Analyse RAG ratings on bi-monthly basis</p> <p>Update RAG form to align with audit process</p> <p>Develop skills and awareness amongst social care managers and teams - joint training</p>	<p>From December 2010</p> <p>December 2010</p> <p>From January 2011</p>	

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7.5	The Council currently does not have an independent visiting service and is in process of negotiating a contact to deliver one (para 68)	Ensure that an independent visitor service is established	Daniel Crampton, Head of Safeguarding and Review	CYPD Directorate Leadership Team	Scope and cost requirements Report to DLT	March 2011	
Section 8: Health							
8.1	The current sexual assault examination arrangements for children and young people are not resourced with appropriately qualified and experienced clinicians to conduct examinations (para 36)	Ensure that where there are concerns that children and young people have been sexually abused, they have access to timely assessments in a suitable environment with appropriately trained and experienced clinicians	Neil Fraser, Designated Doctor	HSCB	Review commissioning arrangements for children/young people who may have been sexually assaulted and develop service specifications to underpin the service. Recommission the service	31 March 2011	
8.2	Reception area in Hereford hospital and community hospitals are inappropriate for children and do not provide a separate area for them (para 37)	Ensure reception areas are appropriate for children and review the feasibility of all hospital reception areas have appropriate and separate child friendly facilities	Maria Hardy, Service Improvement Manager	NHSH Performance and Quality Board	Establish a working group under the auspices of integrated commissioning which draws its membership from across both PCT and HHT to review the You're Welcome strategy and how this might be considered / inform work re Childrens pathway and ICO	To be confirmed	

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8.3	Within NHSH lack of understanding and practice of 'best interest' decision making with inappropriate use of data protection and confidentiality for 16-18 year olds (para 38)	Ensure all CAMHs practitioners are aware and implement 'best interest decision making' for all young people	Lynne Renton, Head of Safeguarding, NHSH and Hazel Blankley, X	NHS Herefordshire Board	Explore the current training provided on Clinical conference days re extrapolating MCA training to enable more in depth sessions to be delivered for the Mental health Directorate and other clinicians whose role suggests they need such training Ensure all CAMHs practitioners are aware and implement 'best interest decision making' for all young people by group sessions	31 March 2011	

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
8.4	Lack of understanding within CAMHS and adult mental health services re thresholds (para 38)	Adult Mental Health and CAMHS staff understand children's needs and the pathways open to them to address such need.	M Hemming, Lynne Renton, Head of Safeguarding NHH and Hazel Blankley,	To be confirmed	Establish a start and finish group to explore the interface between adult mental health and CAMHS Deliver training for Adult Mental Health/CAMHS and Team Leaders regarding levels of need document Ensure levels of need are incorporated into bi monthly peer group audits Incorporate Levels of Need documentation into Health level 2 safeguarding training Cross reference Levels of Need documentation into Health Single Agency Guidance	To be confirmed	
8.5	Absence of transition planning for young people who have received CAMHS service outside of county and return to Herefordshire requiring adult mental health services (para 38)	Young people returning from tier 4 services receive a seamless service.	Maria Hardy, Service Improvement Manager	NHS Herefordshire Performance and Quality Committee	Establish clear pathways as part of the tier 4 commissioning process and communicate them to both CAMHS and Adult Mental Health directorate. Ensure information and communication between agencies effectively enables transition.	To be confirmed	

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8.6	Some vacancies exist for school nurses and health visitors (para 54)	Impact of vacancies in any agency is analysed and risk assessed by HSCB if affecting safeguarding of children	Lynne Renton, Head of Safeguarding NHSH	HSCB Steering Group	Quarterly report to Q&A sub group re vacancies which contains information regarding the recruitment process adopted.		PR
Section 9: Children with disabilities							
9.1	Parents of children with disabilities say communication ineffective between agencies and pathways unclear including transitions to adult services (para 40)	Parents clearly aware of integrated care packages and pathways for their children	Maria Hardy, Service Improvement Manager and Les Knight, Head of Additional Needs	Children's Trust Management Group	Establish clear pathways and communicate them to parents and between agencies Ensure information and communication between agencies effectively enables transition	From January 2011 March 2011	
9.2	Insufficient engagement of families children and professionals in Aiming High holiday programme (para 40)	Improved engagement of families children and professionals in future of Aiming High Programme	Kathy Roberts, Assistant Director, Improvement and Inclusion	Children's Trust Management Group	Preparation and dissemination of programme to be completed by December for following year. Promotional events to be run within localities and specialist provision.	December 2010 Jan-March 2011	
Section 10: Case recording and planning							

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
10.1	Delays in sharing decisions from strategy meetings (para 46)	Ensure that minutes from child protection strategy meetings and discussions are shared within prescribed timescales.	Lisa Green, Head of Fieldwork	R&A Service Improvement Group S&VC Senior Management Team	Devise improved system for ensuring immediate sharing of decisions Devise monitoring system to ensure this is happening	January 2011 January 2011	
10.2	Not all child protection conference minutes contain clear and helpful summaries of key issues, needs and risks. Some child protection plans are not sufficiently specific and measurable (para 46)	All child protection minutes must contain clear summary of key issues with SMART plans to protect children	Daniel Crampton, Head of Safeguarding and Review	S&VC Senior Management Team Quality Assurance and Evaluation sub group, HSCB	Develop child protection conference chairs to deliver smarter summaries and plans Devise monitoring system to check improvements Report to QA sub group of HSCB on progress	February 2011 February 2011 From March 2011	
10.3	Whilst the majority of reports and care plans for LACHYP are of a good quality this is not yet consistent (para 62)	All reports and case plans for looked after children and young people are of good consistent quality to ensure best outcomes for them	Stephanie Rowles, interim Head of LAC	S&VC Senior Management Team	Promote standards at development day for team Embed in practice through Assistant Team Managers and Advanced Practitioner	November 2010 From December 2010	
			Daniel Crampton, Head of Safeguarding and Review	CYPD Quality Assurance Group	Monitor through RAG rating and audit process Report bi-monthly to CYPD Quality Assurance Group Develop training and development sessions for staff based on issues arising	From December 2010 From December 2010 From January 2011	

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10.4	<p>Recording issues (para 47):</p> <ul style="list-style-type: none"> ▪ retrospective case and supervision recording ▪ lack of chronologies ▪ start meetings not written up promptly ▪ child protection conference minutes not produced for several weeks ▪ records kept in different places on system <p>Not all LAC cases have chronologies making it difficult to understand family history (para 77)</p>	<p>Ensure that all case files have complete chronologies and that case recording is up to date</p> <p>Case recording for looked after children needs to consistently of good quality to ensure that plans and intervention is focussed on key outcomes and that children and young people can be involved in this process and have good information recorded about key events in their lives</p>	<p>Lisa Green, Head of Fieldwork, Stephanie Rowles, interim Head of LAC and Hilary Hall, Head of Quality and Improvement</p>	<p>S&VC Senior Management Team</p>	<p>Clear instruction to staff re compliance on this issue and practice note with guidance re why this important</p> <p>Template for chronologies to be devised with 3 month update as standard</p> <p>Evidence improvements through ongoing audit programme</p>	<p>End of November 2010</p> <p>January 2011</p> <p>From February 2011</p>	<p>UI</p>
10.5	<p>Delays in review decisions, actions and minutes being distributed with impact on actions being taken for children and young people (para 77)</p>	<p>All review decisions and actions to be distributed in a timely way to agreed standards to ensure that interventions can proceed in informed way and young people can be involved in this process full.</p>	<p>Daniel Crampton, Head of Safeguarding and Review and Hilary Hall, Head of Quality and Improvement</p>	<p>S&VC Senior Management Team</p>	<p>Clear backlog of outstanding minutes</p> <p>Review system and standard of 'minutes' decisions and actions</p> <p>Embed and achieve compliance to standard</p> <p>Monitor and review</p>	<p>20 December 2010</p> <p>January 2011</p> <p>March 2011</p> <p>From April 2011 through monthly reports from Senior Coordinator</p>	

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10.6	<p>Pathway plans are completed although the quality is variable and are not fully embedded in practice or used as working document (para 77)</p> <p>Care plans and pathway plans are not always central in work undertaken with children and young people. (para 77)</p> <ul style="list-style-type: none"> ▪ care plans not always updated following change of circumstances ▪ pathway planning not always detailed and clear 	<p>Ensure that care and pathway plans are of good quality and regularly updated and that they are used to deliver effective services to children and young people</p>	Stephanie Rowles, interim Head of LAC	S&VC Senior Management Team	Devise clear policy and guidance on pathway plans Embed practice and compliance in looked after service	End of December 2010 From January 2011	
			Daniel Crampton, Head of Safeguarding and Review	CYPD Quality Assurance Group	Monitor through RAG rating and audit process Report bi-monthly to CYPD Quality Assurance Group Develop training and development sessions for staff based on issues arising	From December 2010 From December 2010 From January 2011	
Section 11: Leadership and management							
11.1	Management capacity and oversight in referral and assessment team (para 44)	<p>Ensure that there is sufficient management capacity in the referral and assessment team and that managers have the appropriate skills and knowledge to perform their role effectively.</p>	Lisa Green, Head of Fieldwork	R&A Service Improvement Group	<p>Assess management capacity in team and employ resources most effectively</p> <p>Devise workforce development for ATMs</p> <p>Ensure induction for new manager</p>	<p>31 December 2010</p> <p>31 December 2010</p> <p>13 – 18 December 2010</p>	

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
11.2	Commissioning is under developed but improving (para 59)	Commissioning priorities are embedded and a programme of commissioning across agencies is run to improve services and value for money	Chris Baird, Assistant Director, Planning, Performance and Development	Joint Commissioning Group Children's Trust Board Health and Social Care Programme Board	Confirm priorities in Joint Commissioning Group Establish resources to deliver commissioning programme, including addressing independent placements Deliver programme to timescales set	December 2010 January 2011 From December 2010	PR
11.3	Evaluation of all services is not systematic. (para 59)	Ensure that systematic evaluation of services informs commissioning	Chris Baird, Assistant Director, Planning, Performance and Development and Hilary Hall, Head of Quality and Improvement	CYPD Directorate Leadership Team Children's Trust	Develop evaluation model for CYPD Pilot model on identified services Roll out model across directorate services	March 2011 April 2011 From June 2011	
11.4	Social workers report variable access to training in their work with LACHYP (para 80)	All professionals working with looked after children and young people receive adequate training opportunities	Sharron Goode, Workforce Strategy Manager	S&VC Senior Management Team Children's Trust Management Group	Devise and commission relevant training for this multiagency staff group Deliver agreed training	January 2011 From March 2011	

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
11.5	There is limited evidence of management oversight of cases and audits being undertaken by managers (para 80)	Ensure good management oversight and qualitative assurance arrangements are in place which lead to improvements	Stephanie Rowles, interim Head of LAC	S&VC Senior Management Team CYPD Quality Assurance Group	Embed standard re management oversight and use of supervision template on looked after children and young people cases. Ensure regular audits of looked after children and young people files against service framework Report regularly to Assistant Director for Quality Assurance Group	End of November 2010 From January 2011 From February 2011	
11.6	There is no systematic process to build up local intelligence about effectiveness of providers overall in meeting identified needs (para 86)	Establish systematic approach to capturing local intelligence and informing future placements and commissioning	Stephanie Rowles, interim Head of LAC	S&VC Senior Management Team Joint Commissioning Group	Develop model at placement panel	February 2011	
11.7	-	Develop lead member and scrutiny committee engagement and roles	David Sanders, interim Director of Children's Services	CYPD Directorate Leadership Team Joint Management Team	Simplify and highlight key areas for lead member/scrutiny awareness and involvement Regular item on Lead Member briefing sessions (build on RADAR indicators) Ensure distinction between HSCB/CT roles and role of Lead Member and Scrutiny Committee	From October 2010	PR

Ref	Area for improvement identified in the announced inspection	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	UI/PR
11.8	-	Improve voice of the child	Kathy Roberts, Assistant Director Improvement and Inclusion	CYPD Directorate Leadership Team Children's Trust	Ensure a priority in CYP Plan Hold Childs Voice County event Review job descriptions to ensure voice of child is at forefront of role expectation Build into QA processes Develop participation strategy	Still at planning stage for Child's Voice event delivery in 2011 if funding permits. Running with 'Have your say' and 'Take over day' events.	PR