

Herefordshire Council Improvement Notice: Six month review of progress

Purpose

This document provides a summary of progress made against the requirements of the Improvement Notice issued to Herefordshire Council in February 2013.

Assessment of progress against the measures set out in the Improvement Notice:

Improvements required by 31 March 2013:

2. Ensure the Council sets out a statement of their vision and ambition and plan, including targets and timescales for children’s safeguarding services regarding the improvements planned as a result of this Notice by 31 March 2013. Ensure this statement is communicated to and implemented by staff and partners such that they have a clear understanding of their roles and responsibilities and are held to account in delivering this vision, ambition and improvements expected by the Council.

Status	Green
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Achievements to date:

- Cabinet has approved Statement of Expectations and Improvement Plan.
- Improvement plan has been published, has clear timescales and accountabilities. This has been published on HSCB website and shared with staff through staff briefings.
- Statement of Expectations has been developed with Children in Care Council.
- People are being held to account through the monitoring and challenge by HSCB and HSPICB.

Evidence

Statement of Expectations

Website

Minutes of meetings

Key areas for development:

- Ensuring the statement of expectations is shared widely and used to guide development.
- Sharpening the focus of the improvement plan following self-evaluation.

Timescale

Quarter 2

Quarter 2

3. Review the membership, structure and operation of HSCB by 31 March 2013 to ensure the Board provides rigorous scrutiny, monitoring and challenge of services and outcomes for vulnerable children, and meets all statutory requirements and statutory guidance requirements as set out in 'Working Together'.

Status	Green
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Achievements to date:

- The HSCB and its sub-groups have been restructured, with new chairs in place where required. The membership of the HSCB and groups has been reviewed and necessary changes made. SET Case Review Group established and new Procedures Sub-group being considered.
- Enhanced Quality Assurance regime introduced with improved performance information reporting and regularised case and thematic auditing. Some developmental issues have been identified and referred for action.
- New case review system introduced and has been completed or planned on 4 cases. This could be used as a SCR model for West Mercia.
- Major SET Conference organised to launch SET Strategy involving 70 organisations and 250 attendees.
- Three Year Plan developed.

Evidence

Structure chart/Business Plan

Commenced April 2013
– 2 thematic audits and
1 case audits (AC)

1 completed, 3
underway

June 2013

Business Plan

Key areas for development:

- Resolve method of engagement with schools, lay members and children and young people.
- Further develop engagement with frontline staff.
- Review and refinement of new systems and arrangements.

Timescale

Quarter 2

On going

Quarter 3/ 4

20. Conduct within one month of this Notice an audit of all cases closed in the last three months and risk assess all current cases within children’s social care services, to assess whether children and young people are at risk and whether any further action is required. If action is required take the appropriate action to safeguard the child.

Status	Green
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Achievements to date:

- The audit has taken place and all inadequate cases referred back to operational teams for corrective action. Outstanding cases are being used as exemplars of good practice.
- Overall analysis has been shared with operational staff, HSCB members, the Board and members, including Overview and Scrutiny Committee..
- Action points from the audit are similar to those from the Ofsted Inspection and have been cross-referenced and amalgamated with the Improvement Plan.
- The audit has informed the development of our QA framework, which is now in place.

Evidence

1440 cases audited of which: 18 outstanding, 315 good, 658 adequate, 449 inadequate

Minutes of meetings

New plan

Key areas for development:

- Continue to ensure learning is embedded within operational practice.

Timescale

On going

Leadership and Governance

1. In line with ‘Working Together’, ensure that across the partnership and within the Council assurance arrangements are in place to assess that the Lead Member and the DCS and senior leaders have the capacity to give Children’s Services sufficient priority and focus

Status	Amber
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Achievements to date:

- New Lead Member dedicated to Children’s, Youth and Education Services in place since end May, in line with

Evidence

Council governance structure

Statutory Guidance.

- New Chief Executive in place since March.
- Additional capacity was brought in by the council in January 2013 to ensure two full time Assistant Directors focused on Children’s Services.
- Peer mentoring has been in place this year, for the DCS, AD, children’s services, the lead member, and the task and finish group

<p>Evidence</p> <p>Senior Management structure</p> <p>Capacity increased from 1.5 to 2.0 ADs</p>
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Key areas for development:

- A members task and finish group is underway to develop the scrutiny function in relation to safeguarding children.
- Further work to be undertaken to build on assurances across the partnership that senior leaders in the organisations have the capacity to prioritise children’s services

<p>Timescale</p> <p>Quarter 2</p>
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4. Ensure that individual children, families and staff are engaged and provide regular feedback to improve the quality of service and shape practice

Status	Amber
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Achievements to date:

- Work has been undertaken to identify the range of consultation and participation work undertaken with children and families, both individually and collectively.
- Participation and engagement resource reviewed and plan in place to strengthen and focus our approach, including the possibility of an internship for a young person.
- The New QA System includes arrangements to receive feedback from families via structured interviews or focus groups.
- Meetings with Children in Care Council (CiCC) about what needs improving.

<p>Evidence</p> <p>Proposal for participation and engagement</p> <p>Minutes of corporate parenting panel</p>

- Consultation on Centre 18 and re-provisioning of Number 4 Blackfriars. The young people are currently designing Nos 4 Blackfriars which will be used as a multi-agency hub for CICC and 16+.
- A consultation event was held in June this year, between children, young people and elected members, on the subject of safeguarding and children’s experiences of services related to their safeguarding needs.

Areas for development:

- Departmental staff surveys are being planned which will supplement the arrangements which operate across the Council.
- The next stage is to put in place a systematic process to engage children and young people to provide structured feedback on safeguarding systems utilising existing participation services and staff.

Timescale
Quarter 2
Quarter 2

5. Ensure that the views of staff are considered in relation to their work and workplace using appropriate feedback mechanisms. To support this, consideration should be given to the Children’s Safeguarding Performance Information Framework

Status	Amber
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Achievements to date:

- We have established new arrangements for staff briefings and act on their feedback.

Evidence
Briefings held 10/12, 12/12, 03/13, 04/13, 05/13
Monthly newsletters from AD

Areas for development:

- Information from staff feedback is used to inform recruitment and retention strategy.
- More systematic feedback arrangements in place at a team level and across the partnership.
- Staff surveys are also being planned.

Timescale
Quarter 2

Timescale
In place
October 2013

Decision making, escalation, management oversight and supervision

6. Ensure that all management oversight and decision-making by the Council is conducted in line with standards set out in 'Working Together' and the Framework for Assessment and in local standards, and that evidence of such management oversight and decision making is set out in detail on each case file. Action must be taken to address areas of practice where performance does not meet standards.

Status	Amber
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Achievements to date:

- Completely new web based procedures have been established clearly outlining operational requirements.
- The new department QA Framework includes systematic case auditing by managers across the department which is centrally managed and assured. This checks on compliance and management oversight in line with Ofsted requirements.
- Practice Lunch Time Seminars have assisted in embedding the learning.
- A new procedure for undertaking case reviews has been undertaken using the Significant Incident Learning Process (SILP) which has high staff engagement and is assisting in creating a learning culture.

Evidence

Intranet

QA framework
 No. of cases audited as at 1.7.13 =41 of which 0 outstanding, 16 good, 13 adequate, 12 inadequate

Areas for development:

- The development of a Single Assessment procedure in line with the requirements WT2013.
- A Learning Framework to undertake serious case reviews is being developed with partner agencies in the West Mercia area.
- Robustness of evidence of IRO/CP Conference Chair scrutiny and reported – revised QA Alert processes for LAC and CP, IRO Case Notes on Child's File
- Embed learning from audit consistently
- Further develop QA Framework to include peer observations etc.

Timescale

Quarter 2

Quarter 3

On going

On going

Quarter 3

7. Ensure professionals from all agencies understand their responsibilities with regard to child protection and make use of escalation procedures if they believe that children are not receiving appropriate services from any agency or organisation

Status	Amber
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Achievements to date:

- One of the key strands of the HSCB training strategy and plan is based on Herefordshire’s Levels of Need and ensuring professionals understand their responsibilities with regards to it.
- Organisations have worked to publicise the Levels of Need document.
- HSCB’s escalation procedures were refreshed and reissued in February 2013 with quarterly monitoring of significant escalations by the HSCB Quality Assurance and Evaluation sub group.
- New QA Alerts linked to Ofsted Grade Descriptors being undertaken by IROs.
- HSCB has undertaken thematic and case specific Audit activity

Evidence

Training Strategy

On-going publicity of the Levels of Need

Escalation procedures

3 reports of escalations above level 4

Themes covered to date = Referrals into CSC via the multi-agency referral form, decision making and process in strategy meetings

Areas for development:

- Reflect on analysis of use of escalation procedure and take further steps to embed in practice. Further work will be done across agencies to highlight the case escalation procedures.
- The MASH will also provide additional ability to drive consistent adherence through better multi-agency coordination, and this will be monitored through the MASH performance framework

Timescales

Quarter 3

Quarter 2 and on going

8. Ensure those with responsibility for supervising social workers and other social care staff have relevant experience and the opportunity to access training and support to fulfil this responsibility.

Status Amber

Achievements to date:

- A programme of training and continuous development for all staff in place, supported by the fully staffed Advanced Practitioner service and the Principal Social Worker role.
- Recruitment of some high calibre permanent and temporary managers.

Evidence

1 x Head of Service commences July 2013
 1 x Service Manager commenced June 2013
 4 x Agency Service Managers in post

Areas for development:

- Key training programmes are being rolled out. These include Risk and Resilience model training and the Barnado's model for working with Domestic Violence in September 2013.
- Recruitment of permanent staff in supervising and leadership roles.
- Induction training.
- All staff with identified practice development needs will be offered mentoring through the Advanced Practitioner service.
- An updated Supervision Policy is being developed and will be included in the Children's Services Procedures Manual.

Timescales

Quarter 2

Timescales

Quarter 4
 Quarter 2 and 3
 Quarter 3
 Quarter 4

9. Ensure that supervision is regular, reflective, comprehensive and up to date, and robustly identifies any needs, risks or protective factors so that supervision is effective and leads to managers taking appropriate and timely action. Ensure that the Improvement Board receive management information to confirm that this is achieved and sustained.

Status Amber

Achievements to date:

- Audit activity has evidenced case supervision is taking place more regularly.
- Frequency of supervision sessions is recorded and monitored on an electronic template.
- Management information provided for members of the Improvement Board on a monthly basis.
- Key messages regarding quality and regularity of supervision set out with staff.

Evidence:

Audit reports

Minutes

Areas for development:

- Head of Service will lead on further work around reflective supervision and its recording on case files, to embed in practice
- Management information systems being developed with a new reporting suite that is due to go live in July 2013.
- A specific themed audit to assess the extent, regularity and quality of reflective/developmental supervision is being planned.

Timescales

Quarter 2

Quarter 1

Quarter 2

Effectiveness of practice and risk assessment

10. Develop and implement a whole systems framework to manage family pathways from early help to statutory intervention. This should include the thresholds and referral mechanisms to step up to and down from specialist safeguarding services; and the criteria to assess whether a child is in need under S17 (10) of the Children Act 1989. The framework should be communicated, understood and applied consistently across all partners working together to safeguard children. This will ensure that children, young people and their families receive support at the earliest opportunity and get the right help at the right time.

Status	Amber
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Achievements to date:

- The Child's Journey project has been undertaken and has mapped pathways. Lean Systems thinking methodology applied to develop a new service model.

Evidence

Model proposal

This model is aligned to the multi-agency safeguarding hub (MASH) currently in development.

Areas for development:

- The MASH will be launched in July 2013.
- Revised service model to be further developed, including staff engagement, and put in place.
- During this, current performance concerns will be addressed.

<p>Timescales</p> <p>w/c 22 July 2013</p> <p>Quarter 3</p> <p>Quarter 2</p>
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11. Develop and implement a system of risk assessment that informs the development of all child protection and children in need plans to ensure consistent judgments are made about the levels of risk, following the “Conceptual Framework”. Ensure that all relevant staff apply this Framework in their practice and that management information and the audit of the case files provide evidence that this is being done and the quality of social work practice is improving.

Status	Amber
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Achievements to date:

- The Advanced Practitioner service has been developing ‘specialist’ assessment models around sex offender risk assessment and domestic violence.
- The risk and resilience assessment tool has been developed and put in place following engagement with multi-agency staff. Developed by ETC (Effective Training and Consultancy Limited), it is based on their experience of working with other local authorities to develop and support effective risk assessment processes. It is an evidenced based model designed to aid understanding and analysis of risk, particularly applicable in child protection cases, but with wider application across the multi-agency workforce.
- The risk and resilience assessment tool has been adopted by the Herefordshire Safeguarding Children Board (HSCB) for inclusion in child protection processes and procedures.

<p>Evidence</p> <p>Model</p> <p>Risk and resilience tool, training and rollout plan</p> <p>Minutes</p>

Areas for development:

- Risk and Resilience training to be further rolled out to practitioners from all agencies.
- Further training for social workers will take place in September to embed use of R&R tool and assess learning thus far, supported by an external evaluation process which is in the process of being set up.

Timescales
Quarter 3
Quarter 2

12. Ensure improvement in the timeliness of decision making on all referrals, that they are appropriately risk assessed and prioritised within the appropriate referral and assessment team.

Status	Red
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Achievements to date:

- Interim FAST arrangements approved for additional staff, and have been implemented, resulting in smaller teams with a 1:4 manager to worker ratio and increased capacity at the contact desk.
- A specific contact manager role has been created to provide consistent frontline decision-making.
- Prior to the full implementation of the MASH, the social workers who will be going to the new unit have already started to operate as a permanent duty team. These workers now handle all initial contacts and section 47 enquiries. This has led to a more rapid response to initial contacts and allows the other FAST workers to focus on completing assessments within timescales.

Evidence
Additional staff in place

Evidence
Temporary arrangements only

Areas for development:

- Improvements in timeliness of Initial and Core Assessments. After promising progress, the service experienced a significant turnover of staff (5 out of 12 and 3 out of 4 team leaders leaving the service). Posts now all recruited to, however, there is only 1 permanent member of staff and all of the rest are

Timescales
Quarter 3
Timeliness of IA.s performance = 23.7% as at May, 2013.
Timeliness of CAs as at May, 2013 = 48.6%

agency. Recruitment campaign is being developed to address this.

- The MASH development will be implemented w/c 22 July 2013. This will lead to more effective multi-agency risk assessment and prioritisation.

Assessment quality and timeliness

13. Ensure all assessments are analytical, timely, comprehensive, regularly updated and are in line with the statutory guidance 'Working Together' and the 'Framework for the Assessment of Children in Need and Their Families'. Assessments must identify needs, risks and protective factors and lead to appropriate and timely action and take account of and record the views, experience and needs of children and families. New information or concerns must lead to a review of the current plan for the child and when required, additional action taken.

Status	Red
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Achievements to date:

- Risk and resilience assessment model introduced and supported by training.
- Assessments evaluated by case audits
- New QA Alerts linked to Ofsted Grade Descriptors being undertaken by IROs.
- The risk and resilience model has already been successfully used as a way of reviewing and analysing our most complex cases.

Evidence

Roll out plan

Audit report

Areas for development:

- Quality and consistency of practice embedded in the service.
- Induction programme for new staff, whether agency or permanent to ensure approach in line with expectations.
- Using the audit programme to test whether assessments are analytical and comprehensive.
- Ensuring that our social work assessments meet the new PLO requirements i.e. they are of sufficient quality to act as the sole "expert" report on family functioning.

Timescales

Quarter 4

Quarter 2

Quarters 2 and 3

Care planning

14. Improve the quality, delivery and management of child protection and children in need plans by ensuring that all plans comply with 'Working Together' and the Assessment Framework including setting out the actions that must be taken and by whom and the outcomes to be achieved with timescales.

Status	Amber
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Achievements to date:

- The training programme referred to above started February 2013 and is a focus area for new Advanced Practitioner group. Good practice from other local authorities will be used to complete a new child protection plan format, which is more focussed and will make more sense for families. This links into the Strengthening Families approach and will be operational from August 2013.
- There has been a review and revision of end to end practice and processes within Safeguarding and Review Service, to include 'benchmarking' for increased consistency of practice across the Team and improved 'process' to better evidence quality.
- Workshops on how to hold effective core group meetings have been delivered and will happen again.
- A standard script and written guidance on how to chair core groups is also being rolled out.
- Timeliness of Child Protection conferences as at June, 2013 = 96.7%
- Timeliness of Looked After Children Reviews as at June, 2013 = 93.1%

Evidence

AP work plans

Script

Areas for development:

- We need to monitor progress in this area via the audit programme and address any shortcomings which arise.

Timescales

On-going

15. Ensure that children in need and those subject to child protection plans are visited regularly by social workers in line with 'Working Together' and local policy

Status Amber

Achievements to date:

- Frontline managers now have information alerting them to when visits are due. Visits are a key area of focus for frontline managers and performance is reviewed weekly at performance meeting chaired by DCS.
- Improvements in Child Protection visits evidenced through performance information.

Evidence

Minutes of weekly meeting

Number of visits completed within the past 6 weeks
 LAC 74.89% January 2013
 LAC 71.00% May 2013

Number of visits completed with the past 12 weeks
 LAC 94.98% January 2013
 LAC 91.9% May 2013

Number of CP Visits in last 6 weeks
 72.9% January 2013

Areas for development:

- Achieving 100% compliance with expectations.
- Clarification of policy within the West Mercia procedures.
- A Frameworki mechanism for monitoring how often children are seen between the initiation of a child protection concern and a child protection conference taking place, is in development, with manual systems being used currently.
- Frameworki performance reporting suite is scheduled to be in place from July 2013.

Timescales

Quarter 3

Quarter 2

Quarter 2

Quarter 2

16. Ensure that legal advice is consistently sought in a timely way, and that this leads to timely legal planning meetings and legal intervention where necessary.

Status	Green
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Achievements to date:

- Robust approach now in place - senior lawyer is leading on work with senior managers.
- Regular meetings with legal chaired by Head of Service, ensuring that the Public Law Outline (PLO) is operating effectively. As necessary, legal proceedings are carried out in a timely and effective manner.
- When necessary emergency Legal Planning Meetings are convened to ensure that legal advice and authorisation is delivered in a timely way.
- Our current performance in meeting the legal proceedings 26 week deadline is in the top quartile.

Evidence

Minutes of meetings

Adoption scorecard

Areas for development:

- The regional Family Justice Board and regional partners to devise and implement a PLO strategy to enable social workers to meet the 26 week deadline re court timeframes.
- Staff to receive regular training on key legal issues such as the new PLO framework.
- New procedures for the revised PLO have been established and are out for consultation and training has been provided
- Ensure all relevant agencies receive training in Care Proceedings

Timescales

Quarter 1/2

Quarter 3

Quarter 2

Quarter 1/2

17. Ensure that assessments and child protection case conferences effectively involve parents and children and ensure that parents are able to understand the purpose of children in need and child protection plans.

Status Amber

Achievements to date:

- Attendance of parents and young people at conferences regularly collected and reviewed.
- Chairs routinely meet with children and parents.
- Investment made to enhance advocacy service.

Evidence

ICPC/RCPC data request form

£25,000 additional investment since April 2013

Areas for development:

- Ensure that parents and, where appropriate, children are shown conference reports well in advance of the conference so that they have time to consider and challenge the contents of the report.
- Revised Parents Report to CPCs in development.
- Revised Parents Feedback Form from CPCs in development.
- Revised Children’s Information to Conference in development

Timescales

Quarter 2

Quarter 2

Quarter 2

Quarter 2

18. Ensure sustained improvement of the quality of core group meetings by holding them on a regular basis and effectively developing and implementing the child protection plan, which must be monitored by child protection conferences.

Status Amber

Achievements to date:

- Workshops to develop approach to core groups held.
- New model of Core Group co-ordinators established
- Management information on core group meetings developed and being reported on.

Evidence

December 2012

Proposal paper

Corius tool

Areas for development:

- Build on review work by service manager to continue improvement of practice.
- Guidance notes and an agreed script for the meetings to be rolled out.
- Revised Child Protection QA Alerts system being introduced on 1st July which will enhance monitoring of this.

Timescales
Quarter 2 onwards
Quarter 2
Quarter 2

19. When making plans for offenders who have significant contact with children and other young people who are known to them, ensure effective communication takes place between all partners, but in particular relevant probation services and children's social care services

Status	Green
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Achievements to date:

- Arrangements have been strengthened through:
 - Multi Agency Risk Assessment Committee (MARAC) and Multi Agency Public Protection Arrangements (MAPPA) arrangements have been clarified in November, 2012.
 - Learning from Probation Audit
 - Use of Frameworki checks and other alerting mechanisms between the Probation Trust and Children's Services
 - regular safeguarding improvements sessions between the Chief Probation officer and the DCS, along with the three other West Mercia DCSs commenced June 2013

Evidence
Minutes
Audit
Audit

Areas for development:

- Continue to build on the improvements made in the notifications and response between probation and children’s services.
- Ensure similar robust arrangements are in place with other Probation Trusts, including audit of PPRC arrangements
- Implementation of the new Multi-Agency Safeguarding Hub (MASH).
- Future proofing against changes in organisational arrangements in the Probation Trusts

Timescales
Quarter 2
Quarter 2
Quarter 2
Quarter 2

Quality Assurance, LSCB and Audit

21. Ensure the Council’s quality assurance systems are prepared in line with the Children’s Safeguarding Performance Information Framework[1] and the quality assurance processes that are referred to in ‘Working Together’. Alongside any quantitative information, an understanding of qualitative evidence should be demonstrated including the experience of the child and family.

Status	Amber
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Achievements to date:

- Quality assurance framework developed and put in place, with regular audit programme within the Council and also through the HSCB.
- Review of performance and analysis of thematic issues.

Evidence
QA Framework
Minutes

Areas for development:

- Establish a formalised process for identifying learning from case audits to feed into training and AP service

Timescale
Quarter 2

22. Ensure regular qualitative auditing arrangements of case files, with periodic independent oversight and challenge to ensure the quality and timeliness of recording and compliance with the guidance on recording in individual case records (as set out in 'Working Together') and that an assessment of risk to the child is recorded in the case file.

Status	Amber
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Achievements to date:

- Audit programme taking place in line with the requirements of Working Together. HSCB QA sub-group manages quarterly comprehensive case audits and monthly themed audits of multi-agency safeguarding processes to check and test effectiveness.
- Independent audit of all cases carried out in December 2012 and January 2013.

Areas for development:

- This will be further supported by the regional agreement around the process for managing serious case reviews which will be in place by August 2013.
- Independent oversight and challenge session to be scheduled for October 2013.
- Peer review scheduled to take place September 2013.

Evidence:

Audit programme
No.s of cases audited this year = 3 audit programmes, 12 cases
Audit report to HSPCIB

Timescales

Quarter 2

Quarter 3
Quarter 2

23. Ensure the performance information and evidence from the audits are analysed and reported to the Improvement Board in accordance with the report published by Ofsted 'Good practice by LSCB children boards'[1]. Analysis of the audits must be used to inform action taken by the Council and partners to bring about improvements in safeguarding social work practice and casework

Status	Amber
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Achievements to date:

- Report on independent audit programme provided to Improvement Board and actions included in our development plan.

Evidence

Report

Areas for development:

- HSCB thematic audit findings will be fed back to July's Improvement Board.

Timescale

Quarter 2

24. Ensure effective assurance arrangements are in place within the Council and across the partnership in line with 'Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services.

Status	Amber
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Achievements to date:

- A dedicated Lead Member role for Children's, Youth and Education Services has been created since May 2013
- Chair of HSCB now accountable to Chief Executive in line with Working Together

Evidence

See point 1

Areas for development:

- Put in place assurance arrangements regarding the statutory roles.

Timescale

Quarter 2

25. Ensure that multi-agency audits are undertaken by the Hereford Safeguarding Children's Board and reported to the Improvement Board outlining the key lessons to be learnt and improvements to be made.

Status	Amber
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Achievements to date:

- A comprehensive audit programme has been agreed and commenced in February 2013.

Evidence

Audit programme

3 audit programmes involving 12 cases

- Quarterly case audits by the QA group of HSCB begun and monthly themed audits examining the working of multi-agency safeguarding process from a qualitative point of view.

Areas for development:

- The examples of good practice being reported to HSCB Steering group to oversee and lead necessary development.
- HSCB Audit findings will be fed back to July's Improvement Board.

Timescales
On-going
Quarter 2

Workforce, training and workloads

26. Implement a programme of induction, training, mentoring and continuous professional development for all social care staff including managers to improve the quality of front line social work. In particular, ensure that this programme includes training for staff and first line managers on risk analysis. The Council should report the impact of the training on improving outcomes for children to the Improvement Board.

Status	Amber
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Achievements to date:

- Advanced Practitioner roles recruited to and training programme in place to develop management and practice.
- Risk and resilience tool developed. Staff trained and in place.
- Programme for continuous professional development in place, but is yet to be implemented
- Staff and management mentoring programmes available and used.
- Risk and resilience tool training

Evidence
Training programme
Roll out plan

Areas for development:

- Embed use of risk and resilience tool and review outcomes. Report to be provided to the Improvement Board.
- Implement Induction programmes

Timescales
Quarter 2
Quarter 2
Quarter 4

- Impact analysis of training programmes to be reported to Improvement Board - at the end of the financial year.

27. Following an analysis of the needs of the service, develop and implement an overall workforce strategy. The strategy should provide clear evidence of impact in creating a capable, stable and sustainable workforce which requires fewer agency staff and which includes clear recruitment and retention plans. The aim should be to improve the quality and continuity of social care staff experienced by children and families.

Status	Amber
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Achievements to date:

- Extensive diagnosis and analysis of service needs has been completed.
- Regular MI report implemented to provide necessary recruitment and retention data
- Reward structure and the linkage to the SW career path has been assessed to tackle career blockages and the competitiveness of our recruitment and retention activity
- First recruitment campaign has taken place. Some vacancies filled with permanent appointments, including at head of service and service manager level.
- NQSW recruitment underway to fill 8 posts – assessments planned for July
- External recruitment / advertising partners engaged
- Phase 2 recruitment activity planned

Evidence

Analysis presentation
 Workforce report to HSPCIB March 2013

Areas for development:

- Creation of a 'Virtual Academy' training programme for NQSWs and years 2/3 SWs and the recruitment of 2 Practice Educators
- NQSW recruitment activity for Q2 and Q3 intakes
- Phase 2 recruitment campaign for experienced / managerial SWs – partnering with an external specialist agency; underpinned by a more flexible career and competitive reward workforce strategy

Timescale

Quarters 2 and 3

Quarters 2 and 3

- Reviewing recruitment and selection methodology and induction process
- Develop workforce plans to tackle the ‘people landscape’ and create an environment where development is valued and tackles issues regarding how SWs are recruited, inducted, managed, developed, supported, recognised and rewarded

28. Review and monitor social workers’ responsibilities and workloads to ensure staff have a manageable range of work and a caseload consistent with their level of experience and competence. Ensure that the Improvement Board receives workforce management information to confirm that this is achieved and sustained.

Status	Amber
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Achievements to date:

- Improvement Board receives regular workforce information.
- Social work responsibilities and workloads regularly reviewed by management and director.

Evidence

Performance reports

Areas for development:

- Revise service model, including the MASH, to streamline workflow.
- Develop more sophisticated approach to case mix and caseload management.
- Workloads to be reviewed in the context of the new structure

Timescale

Quarter 2

Quarter 2 and 3