

Children and Young People Directorate

**Children's Social Care and Early Help Improvement Plan
2022-2024**

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Introduction

Most important to us is the effectiveness of the work that we do and the difference we make to the lives of our children and young people in Herefordshire. This is why it is vital that we put children, young people and families at the heart of everything we do.

We want our county to be a place where children are supported to remain with their families wherever possible, through to stability and success in adulthood and in the future to be considered a *Child-Friendly county*.

More than this, we are determined to improve our services for our most vulnerable children, young people and families and are committed to ensuring that all children have the best start in life. We believe that children should grow and achieve within their own families when it is safe for them to do so and are committed to working with other agencies to make sure that our children and young people are safe and able to reach their full potential.

The High Court Judgement in 2021 and the finding of the Ofsted Inspection (2018) and subsequent Focused Visits do not demonstrate the quality of services we strive to deliver or that our children and families expect and deserve. Ensuring our children's services are the best they can be has been the council's number one priority since 2021.

This revised Improvement Plan goes into more detail than the previous version, published in November 2021, and is informed by a clear set of outcomes to be achieved. It sets out our priorities to improve, how we will do this, and what can be expected from improved activity. This plan has been developed with collaborative ownership from across our leadership team, partners, and elected Members to ensure the needs of the most vulnerable children, young people and families are everyone's responsibility.

We have already taken immediate steps since the High Court Judgement in 2021 of increasing capacity across the service and to start to build a new permanent senior leadership team. Additional funding from the Council has been received to resource our improvement activity and we have received support from the Department for Education (DfE) by way of a grant to support increased improvement activity during 2021-22. Delivery against the ambitions in the Plan are continuously reviewed by the Children's Improvement Board and reported regularly to the Chief Executive's Management Board, the Children and Young People Scrutiny Committee, the Cabinet, and full Council..

This Improvement Plan is led by the Corporate Director for Children and Young People and is supported by key staff across the Council and other agencies.

Transformation of services

This is a three-year programme to 2024 aimed at:

- Improving outcomes for children, young people and their families.
- Making working in Herefordshire an attractive and rewarding career choice.
- Embedding systemic partnership approaches and exploring alternative models of delivery.
- Making the service financially viable for the future across a range of services the Council delivers.
- All underpinned and driven by improvement across the system of practice, management and leadership.

Approach to delivery

This Improvement Plan aims to bring together the various strands of project work and service improvement into a single change programme to deliver the required improvements and outcomes set out within the County Plan (2020-24) and the commitments contained within this plan.

There is a strong corporate commitment and ownership by the council for improvement and this plan has been developed through a collaborative approach with elected members, staff, partners, and children and families. The Chief Executive will personally sponsor the programme and have a clear line of sight on progress of the plan alongside regular oversight and reports on progress to the Improvement Board and the council's public facing committees.

The programme will need to respond to changes if things are not working or circumstances change so this plan should be seen as a proposed outline of the planned high level activity which will be underpinned by detailed action plans and project plans set out as part of each phase. The Improvement Plan will be refreshed at least annually to reflect any amendments and provide a report on how the transformation is progressing against the outcomes and commitments set out in this plan.

Our improvement programme will follow a structured programme and project management approach under the guidance of a dedicated Improvement Lead working alongside the services responsible for supporting children and families.

Our Values Statements for how we will work with children, young people, and families

1. We will try our very best to make sure that children and young people get the right help at the right time, spending time getting to know the children and young people we support, and doing activities with them that help us understand more about their lives and how we can best support them. Being honest about what we can and can't do, and working to earn their trust by doing what we say we will do.
2. We will keep our working relationships with children, young people and families at the heart of everything we do. Having clear and simple conversations, being honest about what we are worried about and listening to families' strengths, best hopes and worries in order to help create a better and safer home environment. When we make decisions we will be sure that children, young people and their parents will understand why we did so, even if they don't always agree with us.
3. We will work together with families' wider network of support and our partner agencies to create the best possible support that builds upon the family's own ability to help themselves. Using clear language and making sure families know what information we will share with others, whenever possible seeking their consent or telling them when there are times we cannot.
4. We will support parents and carers to make sure children and young people are safe at home if at all possible, and nurtured by others if not. Taking the time to listen to families' views, and trusting their ability to find their own solutions and make positive changes. We will work hard to provide children and young people who cannot live with their families with a stable home with people who understand the effect that difficulties experienced in childhood can have on children and young people later on.
5. We will make sure we take into account the diverse backgrounds and needs of children, young people and families, recognising that not everyone's journey is the same as we all have different roots. Supporting children and young people to understand and own their individual journeys and listening when they tell us about them in their own words. Listening to their choices and supporting them to own their plans for making positive change.

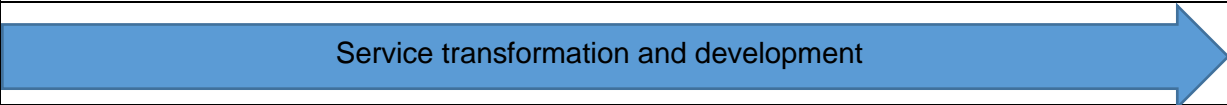
6. We will keep written information about children and young people in a way that recognises that the information belongs to them and will best enable them to fully understand their journey if they ask to see their records. Listening carefully to what children, young people and parents tell us and writing it down so they know that what they say matters, and writing in a way that would help a young person understand what we have done and why.
7. We will work hard to have positive endings when we move on, when children and young people journey through the care and support we offer, or when children and families no longer need our help. Doing our best to make sure that workers are involved with children and young people for long enough to build up trust, and managing any changes of worker by introducing their new workers.
8. We will create a supportive working culture that recognises the importance of critical reflection and shared learning of our good practice in order to help each other provide the best outcomes for children and families. Working in a supportive way with colleagues, sharing our learning, and working together to offer good quality services. Although we won't always get it right, we will always strive to improve, acknowledge our mistakes, take responsibility for our own actions, and learn from our mistakes to help get it right next time.
9. We will keep a focus on making a difference to improving outcomes for children and young people. Valuing children, young people, and young adults and encouraging them to tell us about their own life goals so we can advise and help them to achieve them where possible, and gathering and learning from feedback from children, young people and families in order to improve our practice - we will know when we have done well when our children, young people, young adults, families, carers and other partners tell us!

Our vision; our ambition; and our practice priorities

Our vision: **All children and young people in Herefordshire feel safe, loved, and valued, and grow up with the confidence and skills to be the best they can be.**

Our ambition: **Creating a child-centred county where children and young people are at the heart of everything we do.**

Our practice priorities:

Priorities and enablers	Practice priorities		Partnership priorities		Enablers	
	Good quality child-focused assessment and planning		Embedding learning from reviews and multi-agency audits		Developing a skilled and stable workforce	
	Effective interventions and direct work with children, young people and families		Proactive effective interventions with a practice focus		Systems and support services:	
	Supervision and management oversight		Effective, responsive, and reflective partnership arrangements		<ul style="list-style-type: none"> • Commissioning • Business Support • Finance • Case management system • Digital 	
	Cultural change					
Cross cutting activity						
Measures of success	What children and their families tell us	What our staff tell us	What our partners tell us	Quantity measures	Quality measures	Outcomes

Measures that Matter (performance and management information – what difference have we made?)

We know that our progress to being a children’s services regarded as at least good will require significant investment and cultural change to ensure we can achieve and embed system-wide change.

We are further developing a suite of management information and performance reports that will be used by the service to drive improvement and service delivery. These are built around the considerable number of key performance indicators that the service is required to report against as well as a number of Measures that Matter developed to indicate the progress and impact of this plan. See [Appendix B](#) for a summary of the Measures that Matter.

Evidencing Impact.

In order to evaluate the quality of practice and the impact of improvement activity the Board will apply 4 levels of assurance.

Level 1:	The first level will be to quality assure practice and to track progress against the actions identified within the Improvement Plan, which will provide a level of assurance that activity is happening, and progress is being made. This will be through a Highlight Report to the Board.
Level 2	The second test of assurance will be the monitoring of a set of Key Performance Indicators (KPIs) that will be reviewed at the Children Improvement Board and provide a level of assurance in terms of progress. This will be through the Performance Dashboard .
Level 3:	The third level test will be the monitoring of risks and issues that have the potential to derail delivery of activity and performance. This will be reviewed by the Children’s Improvement Board via the Risk Register and a high level heat map (to be developed).
Level 4:	The final test of assurance is impact. Children and families tell us that what we have done has made a difference. Where a task has been completed the related areas of work will be evaluated; the type of evaluation will depend on the related area. This final level of assurance will be governed and monitored by the board and linked to future Ofsted activity.

The RAG ratings will be updated on a monthly basis in preparation for the board.

Key: RAG ratings	Blue - Complete	Red - Off track	Amber - Behind	Green – On track	Grey – Not started

Appendix A: Improvement Plan

Our workforce					
Accountable Lead: Corporate Director for Children and Young People					
Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
W1	The stability, capacity and skill mix of our workforce.	1.1 Managers and practitioners are experienced, effectively trained and supervised and the quality of practice improves the lives of vulnerable children, young people, and families.	<ul style="list-style-type: none"> Commence recruitment campaign with a focus on recruiting experienced workers. Ensure that managers promote Continuing Professional Development opportunities and know their staff (PDR and Supervisions). Practitioners to identify gaps in their knowledge and experience Manager Development Programme to be introduced 	<ul style="list-style-type: none"> 75% of our workforce have completed their PDR (July 22) 100% of our workforce will have a completed PDR (July 2023) Quality Assurance activity demonstrates that supervision is improving in quality (July 22 and ongoing). Manager Development Programme in place (September 2022) 	Service Director (EH & S)
		1.2 All case holding practitioners have a manageable workload, dependent upon their skills, experience, and job role and this supports effective relationships with children and young people, and good practice. (Ofsted Priority Action 2021)	<ul style="list-style-type: none"> Ensure robust monitoring of caseloads by Service and Directorate leaders. Take necessary action to identify and address shortfalls in case-holding capacity. 	<ul style="list-style-type: none"> Management information provides evidence of manageable caseloads. (July 22 onwards) Our workforce tell us that they have a manageable workload (Sept 22 and March 23 - survey) Average caseload in social work assessment teams is reducing (each quarter) until agreed levels are reached and then maintained. 	Service Director (EH & S)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
W1	The stability, capacity and skill mix of our workforce.	1.3 Newly Qualified Social Workers (NQSWs) have a well-supported Assessed and Supported Year in Employment (ASYE) with manageable caseloads throughout. (Ofsted Priority Action 2021)	<ul style="list-style-type: none"> Develop and introduce proposal to bring NQSWs who are undertaking their ASYE out of the establishment. Develop the Academy offer of support for NQSWs and students Introduce initiatives to increase the number of Practice Educators in the service. 	<ul style="list-style-type: none"> NQSWs are outside the core establishment (May 2022) Management information provides ongoing evidence of manageable caseloads. (May 2022) Refreshed Academy offer is published (May 2022) NQSWs report that they are well supported (Survey Sept 2022 and March 2023). 	Principal Social Worker
		1.4 The service has a clear workforce strategy.	<ul style="list-style-type: none"> Develop and implement Workforce Strategy. 	<ul style="list-style-type: none"> Workforce Strategy in place (May 2022) 	Corporate Director (C & YP)
		1.5 The service uses workforce data to inform the learning and development programmes, and service development.	<ul style="list-style-type: none"> Develop and introduce workforce data reporting framework. Ensure that information from PDR cycle informs the learning and development programme 	<ul style="list-style-type: none"> Managers have access to accurate and frequently updated workforce profile information (July 2022) 	Principal Social Worker
		1.6 Children have positive and stable relationships with professionals and carers.	<ul style="list-style-type: none"> Develop and introduce a new performance management report. Monitor frequency and impact of changes in allocated worker. Further develop existing good practice re short-term and long term placement stability 	<ul style="list-style-type: none"> Fewer than 10% of children in our care have experienced a change in their social worker in the past 12 months. Short and long-term placement stability is consistently above the England and statistical neighbour average rates. 	Service Director (EH & S)
W2	Opportunities for career progression	2.1 A career progression scheme is in place for social workers and effectively supports personal and professional development.	<ul style="list-style-type: none"> Develop Career Development Scheme Implement Career Development Scheme 	<ul style="list-style-type: none"> Career Development Scheme for social workers is in place (May 2022) Social workers report that they have personal and 	Principal Social Worker

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
W2	Opportunities for career progression			professional development opportunities. (Sept 2022 Survey)	
		2.2 A career progression scheme is in place for staff with alternative qualifications, skills and experience, and effectively supports personal and professional development.	<ul style="list-style-type: none"> Develop Career Development Scheme Implement career development scheme (s) for various job role types Explore opportunities for career development and progression in partnership with other organisations. 	<ul style="list-style-type: none"> Career development scheme(s) for non-social worker roles are in place (September 2022) Relevant staff report that they have personal and professional development opportunities (Jan 23 Survey) 	Principal Social Worker
		2.3 All interim and permanent management and leadership roles are open to internal candidates	<ul style="list-style-type: none"> Ensure that all advertised roles are open to suitably experienced and qualified internal candidates. 	<ul style="list-style-type: none"> Staff report that they feel supported to apply for management and leadership roles (Survey) 	Service Director (EH & S)
		2.4 The service makes the best use of available resources to maximise the uptake of Social Work Apprenticeships.	<ul style="list-style-type: none"> Develop a 5-year approach to increased availability of apprenticeships. Survey current cohort of apprentices and incorporate the learning. 	<ul style="list-style-type: none"> Five-year strategy in place (September 2022) 	Service Director (S, QA, & I)
W3	Access to high-quality learning and development opportunities	3.1 Our workforce has access to a comprehensive learning and development programme that is informed by performance and management information; feedback from staff; feedback from service users; quality assurance; and personal development plans.	<ul style="list-style-type: none"> Suitable training courses to be developed or commissioned Produce and publish a Learning and Development Programme / Training Calendar for the year 2022-23, linked to feedback from PDR process. 		Principal Social Worker
		3.2 Management information evidences appropriate uptake of	<ul style="list-style-type: none"> Mandatory training to be promoted and attendance /completion to be monitored 		Principal Social Worker

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
W3	Access to high-quality learning and development opportunities	learning and development opportunities			
		3.3 Our workforce has access to a multi-agency training and development framework	<ul style="list-style-type: none"> • Suitable training courses to be developed or commissioned that support career development and progression and take into account learning from PDR process, local and national reviews, and resource evidence. • Publish and monitor the update of a multi-agency training offer. 		Business Manager (HSCP)
		3.4 Practice should be informed by feedback, research and intelligence about the quality of services.	<ul style="list-style-type: none"> • Ensure that learning from research, legislation and practice issues are shared. • Support our staff to participate in forum where they can share their experiences and ensure that there is a mechanism for feedback from these forum to DLT. • Ensure that all staff have access to <i>CareKnowledge</i> and know how to use the resource. • Develop ways of routinely obtaining feedback from children, young people and their families as part of the Quality Assurance Framework. • Regular reports in respect of complaints and compliments to be presented to DLT / QAPIB 		Principal Social Worker
W4	The morale and wellbeing of our workforce.	4.1 A range of wellbeing support initiatives are in place that support our workforce, recognising that	<ul style="list-style-type: none"> • Support colleagues to participate in drop-in and communication sessions. 	<ul style="list-style-type: none"> • Sickness rates are reduced • Staff survey shows that staff are informed and engaged 	Corporate Director (C & YP)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
		the work that they do may have an emotional and physical impact.	<ul style="list-style-type: none"> Promote range of support and counselling services available through the Employee Assistance Scheme. Conduct a staff survey (baseline and ongoing) Maintain the 'open door' options for access to the Corporate Director, Service Directors, and the Chief Executive. Develop and support the new Staff Reference Group so that it is representative of the whole service Undertake Annual SW Health Check 	<p>and there is improved staff wellbeing.</p> <ul style="list-style-type: none"> There is an increase in the Social Workers completing the annual health check in 2022/3 (need baseline for 2021/2) 	
		4.2 The morale and motivation of our staff is high.	<ul style="list-style-type: none"> Support regular forums for staff to share their experiences and there is a mechanism for feedback from such forums to DLT Undertake survey to measure staff engagement, morale and wellbeing (baseline and ongoing) Undertake Annual SW Health Check 	<ul style="list-style-type: none"> Staff survey shows that staff are informed and engaged and there is improved morale. There is an increase in the Social Workers completing the annual health check in 2022/3 (need baseline for 2021/2) 	Corporate Director (C & YP)

Evidence of Impact (Workforce) (Where we want to be)

- Children and young people will not experience frequent changes of allocated worker.
- We have clear progression routes for all staff in Children's Services.
- Case holding workers report that they have manageable caseloads.
- Newly Qualified Social Workers have caseloads commensurate with the Assessed and Supported Year in Employment (ASYE) programme
- The morale and motivation of our staff is demonstrably improved.

Measures that Matter	Baseline	Target end of Q1	Target end of Q2	Target end of Q3	Target end of Q4
Average caseload in social work assessment teams is reducing	TBD	24	22	20	18
Number of social workers across the service with a caseload more than 24 children.	TBD	<20	<20	<15	<15
The number of children in our care for 12 months or more who have experienced a change in social worker in the past 12 months	TBD				
% of permanent Social Workers who have been in post for more than 12 Months	TBD%				
Proportion of the established social worker workforce that is permanent					

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Service and Practice Development

Accountable Lead: Service Director (Early Help and Safeguarding)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
S1	The effectiveness and frequency of supervision <i>(Ofsted Priority Action 2021)</i>	1.1 We have sufficient management and supervisory capacity across the Directorate.	<ul style="list-style-type: none"> Vacant Management positions are filled and when necessary, temporary arrangements are in place to ensure all staff have access to managers and receive regular supervision. Ensure that case supervision is held on a regular basis and that this is recorded appropriately on the child's file. 	<ul style="list-style-type: none"> Rate at which monthly case supervisions are completed is 75% by June 2022 and 95% by September 2022 	Service Director (EH & S)
		1.2 Children and young people's plans are driven by effective and regular case supervision and management oversight.	<ul style="list-style-type: none"> Ensure that all open cases are supervised in line with the supervision policy. Introduce and effectively use performance and management information reports to monitor supervision. Ensure clear escalation mechanisms are in place where drift or delay are identified that incorporate performance and management information, quality assurance activity, supervision, and management oversight. Managers to take necessary and immediate action where drift or delay is identified Ensure that the rationale for case decisions are promptly and clearly recorded by managers. 	<ul style="list-style-type: none"> Monthly case supervisions across the Directorate are 75% by June 2022 and 95% by September 2022 Quality assurance activity indicates that increasingly plans are being driven by effective and regular supervision and management oversight (Oct 22) 	Service Director (EH & S)
S1	The effectiveness				

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
	and frequency of supervision (Ofsted Priority Action 2021)	1.3 All staff receive high-quality supervision at a frequency appropriate to their job role.	<ul style="list-style-type: none"> • Introduce revised supervision policy. • Revise and simplify supervision recording. • Monitor frequency and quality of supervision. • Introduce regular practice observation of supervision activity. • Explore opportunities for multi-agency supervision linked to appreciative enquiry, learning reviews, and case escalations. 	<ul style="list-style-type: none"> • Quality assurance activity indicates improving quality of supervision (from July 22) 	Service Director (EH & S)
		1.4 Training is available to support the effective use of high-quality supervision	<ul style="list-style-type: none"> • Supervising managers to attend supervision training. • Supervision training is available to all supervisees. 	<ul style="list-style-type: none"> • All Managers in the service have completed supervision training (Oct 22) 	Principal Social Worker
		1.5	•	•	
S2	The multi-agency Early Help (EH) offer needs to be further developed so that families do get the right help at the right time	2.1 Children and families have access to the right help at the right time	<ul style="list-style-type: none"> • Take necessary action to reduce the time on waiting lists before accessing services. • Prepare, publish, and implement an Early Help Strategy. • Increase collaborative working with the community sector. 	<ul style="list-style-type: none"> • There is no longer a waiting list to receive Early Help support. 	HoS (EH)
		2.2 Families and communities are involved in the development of services	<ul style="list-style-type: none"> • Undertake Needs Analysis and Review (including feedback from families) of existing provision to fully understand the community prevention offer and early help support • Co-design with families a Universal and Community Offer 	<ul style="list-style-type: none"> • Findings of "Let's Talk Children and Families" to be published by June 22 • Publication of Universal Youth and Community Offer (Dec 22) 	HoS (EH)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
S2	Our Early Help (EH) offer needs to be further developed so that families do get the right help at the right time		for children and families, building on existing assets and services		
		2.3 A broad range of community based prevention and early intervention services are available to children and their families.	<ul style="list-style-type: none"> Develop and implement a multi-agency Early Help Offer in which where ever possible, families as much are supported at the appropriate level, local to where they live and by a lead professional they already have a relationship with Develop and utilise Talk Community Hubs to coordinate early intervention activity closer to home – to support self-help and maximise use of community sector. Engage with community groups to develop specific work with children and young people in their communities. 	<ul style="list-style-type: none"> Families report that they have access to a broad range of community based services 	Service Director (EH & S)
		2.4 Children & Families are offered the Right Help at the Right Time	<ul style="list-style-type: none"> Develop and implement a multi-agency Prevention & Early Help Strategy Early Help Practice Framework to be published. 	<ul style="list-style-type: none"> 	HoS (EH)
		2.5 The interface between EH and statutory work is clearly and effectively differentiated.	<ul style="list-style-type: none"> Undertake review of a sample of cases which have stepped up or down, and repeat each quarter during 2022-23 	<ul style="list-style-type: none"> Quality assurance activity indicates that the interface between EH and statutory service is understood and clear. 	Service Director (EH & S)
		2.6 The interface between prevention and EH services and <i>Talk Community</i> is well developed and is accessible to	<ul style="list-style-type: none"> Development of Universal Youth and Community Offer 	<ul style="list-style-type: none"> Publication of Universal and Community Offer 	HoS (EH)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
		families and communities across Herefordshire	<ul style="list-style-type: none"> Needs Analysis and Review (including feedback from families) of existing provision to fully understand the community prevention offer and early help support Consideration to be given for the implementation of Family Hubs across Herefordshire Engage with youth and community groups to seek young people's input in the development of services. 		
		2.7 The approach to Early Help assessment of need is proportionate and assessments are of good quality	<ul style="list-style-type: none"> Regular audit activity of Early Help Assessments Develop a quality assurance and feedback mechanism for assessments completed by partner agencies 		HoS (EH)
S3	We need to be more consistent in identifying and responding to children's needs in a timely manner whilst applying appropriate thresholds	3.1 Referrers know and understand levels of need and thresholds for referral, and the quality and timeliness of referrals is good.	<ul style="list-style-type: none"> Right Help Right Time to be reviewed annually Feedback to referrers to be provided by relevant partners within MASH (i.e. education MASH representative will feedback to schools about the quality of their referral etc.) 		Service Director (EH & S)
		3.2 The quality of referrals is good, and consent is routinely sought.	<ul style="list-style-type: none"> At least quarterly multi-agency audit activity in respect of partner referrals and the effective use of the MARF. 	<ul style="list-style-type: none"> Audits show that consent is consistently sought by partner agencies (unless threshold to override consent has been met) 	HoS (MASH, Assessment, CiN, CP & Court)
		3.3 Assessments identify needs and risk and are clear in what	<ul style="list-style-type: none"> Ensure that a child is seen within 5 working days from the start of 		HoS (MASH, Assessment,

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
S3	We need to be more consistent in identifying and responding to children's needs in a timely manner whilst applying appropriate thresholds	needs to happen. Assessments are child focussed and the voice of the child, including direct work, is evident within the assessment. Information from multi-agency partners is routinely sought, and included. (Ofsted Priority Action 2021)	<p>a Social Care Assessment and within 10 working days from the start of an Early Help Assessment.</p> <ul style="list-style-type: none"> • Ensure that direct work (age appropriately) is completed as a standard in assessments. • Authorising managers will not sign off an assessment where the voice of the child is not evident or where the child is not at the centre of the assessment. 		CiN, CP & Court)
		3.4 The timeliness and quality of response from the MASH is consistently high	<ul style="list-style-type: none"> • The MASH to be relocated and co-located to ensure there is more efficient communication, screening and timeliness • Service leaders to routinely monitor timeliness and quality of activities within the MASH / Early Help Hub and take any necessary action to address any identified concerns. 	<ul style="list-style-type: none"> • The MASH is co-located 	HoS (MASH, Assessment, CiN, CP & Court)
		3.5 The service is working effectively with other agencies to identify, assess, and support Private Fostering arrangements	<ul style="list-style-type: none"> • Review and re-launch Private Fostering guidance and procedures. • Raise awareness with partner agencies and with communities in Herefordshire • Undertake an audit of Private Fostering activity. 		HoS for Care Experienced C & YP
		3.6 There is a multi-agency Neglect Strategy in place that includes a focus on prevention and Early Help.	<ul style="list-style-type: none"> • Work with the Herefordshire Safeguarding Children Partnership (HSCP) to update and publish a Neglect Strategy 	<ul style="list-style-type: none"> • Multi-agency Neglect Strategy is published. • Multi-agency audit activity evidences increased 	Service Director (S, QA, & I)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
			<ul style="list-style-type: none"> Produced a dedicated Neglect Action Plan to address key areas of development including mandatory tools for Neglect. Publish practice guidance and protocols to be followed, linked to the partnership strategy. Undertake a multi-agency audit of neglect cases to result in an agreed range of actions across the partnership 	effectiveness in identifying and working with neglect and the use of the Graded Care Profile and other tools identified in the strategy.	
		3.8 Child in Need Plans are outcomes-focussed, regularly reviewed and progressed. Children are regularly visited and are placed at the centre of interventions.	<ul style="list-style-type: none"> Social Workers will always visit children at least as frequently as stated in our practice standards. Managers will routinely monitor the frequency and quality of visits, plans, a duration of CIN episodes. 		HoS (MASH, Assessment, CiN, CP & Court)
S4	Our support for children subject of a child protection plan.	4.1 Strategy meetings and s47 enquiries always maintain a focus on the child and are conducted in line with current best practice and statutory guidance.	<ul style="list-style-type: none"> Ensure that children are routinely seen alone and spoken to in the course of s47 enquiries. Ensure that S47 enquiries are completed in a timely manner and that information from other agencies inform the assessment. 		Service Director (EH & S)
		4.2 Families and professionals have timely and appropriate access to good quality reports ahead of conferences. This supports active engagement and participation.	<ul style="list-style-type: none"> Social Workers will ensure that reports for Child Protection Conferences are completed in a timely manner and are shared with families at least 48 hours before CP Conferences Referrals to advocacy services are routinely devised (and 		Service Director (EH & S)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
			evidenced in case recording) where appropriate		
		4.3 Plans are outcomes-focused and address identified risks, keeping the child at the centre of the plan.	<ul style="list-style-type: none"> Members of the Core Group meet on a regular basis and ensure the CP Plan is SMART and tracks progress Child Protection Conference Chairs to provide effective and timely scrutiny and challenge where CP Plans are not SMART or do not progress sufficiently. 		Service Director (EH & S)
		4.4 Children are not left at risk following the convening of a strategy meetings.	<ul style="list-style-type: none"> Ensure that Initial Child Protection Conferences (ICPCs) take place within 15 working days of strategy meetings. Interim safety plans are to be routinely considered as part of strategy meetings. 	<ul style="list-style-type: none"> The proportion of ICPCs that are held within 15 working days is consistently not less than 85% 	Service Director (EH & S)
		4.5 A multi-agency Contextual Safeguarding Strategy has been developed and interventions are effective at managing and reducing risk.	<ul style="list-style-type: none"> We will with partner agencies develop and implement a contextual safeguarding model (as an alternative to child protection) for adolescents facing risks outside the home 	<ul style="list-style-type: none"> Contextual Safeguarding Model is launched 	Service Director (EH & S)
S5	The quality and timeliness of our court work.	5.1 The Public Law Outline (PLO) pre-proceedings process is used appropriately and effectively, and is robustly monitored.	<ul style="list-style-type: none"> Review pre-proceedings process and documentation (including letters) Implement identified improvements to achieve consistency Ensure PLO tracker is in place and updated 		Service Director (EH & S)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
		5.2 Alternative family arrangements are always considered, and are considered early where we have concerns that may go to court.	<ul style="list-style-type: none"> Ensure that Family Group Conferences are routinely considered in all cases before the case enters proceedings. 	<ul style="list-style-type: none"> Use of Family Group Conferences increases (need benchmark) 	Service Director (EH & S)
		5.3 Social workers who undertake court work are confident and have access to court skills training. They are well supported by their manager and by the legal team.	<ul style="list-style-type: none"> Ensure that social workers attending court are trained in court skills and writing effective statements and plans. Ensure regular and effective liaison between social care and legal services teams that contributes to improved practice. 		Service Director (EH & S)
S6	Our support for, and the creation of opportunities for children in our care and our care experienced young people.	6.1 There is sufficiency and choice of placements for children in our care and care leavers.	<ul style="list-style-type: none"> Review and update Sufficiency Strategy and commissioning arrangements to ensure options and availability for care placements. Each year, increase the number of foster carers and other types of carers, including those who have the skills to care for children with complex needs Recruit a Clinical Psychologist to support foster carers 	<ul style="list-style-type: none"> A net increase of at least 30 foster carers (by end of March 23). All-age commissioning strategy developed and introduced (July 22) 	Service Director (EH & S)
		6.2 Children in our care and care experienced children are able to contribute to their plans.	<ul style="list-style-type: none"> Review and develop a participation delivery model that ensures children's engagement and participation Ensure all children and young people actively participate in their assessments and plans, through purposeful and creative direct work, including life story work (where age appropriate). 	<ul style="list-style-type: none"> Increase of the number of young people who attend or participate in their Child Looked After Review (benchmark needed) 	Service Director (EH & S)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
S6	Our support for, and the creation of opportunities for children in our care and our care experienced young people.	6.3 Children in our care will have fewer placement disruptions and increased placement stability.	<ul style="list-style-type: none"> Ensure that placement moves for Children Looked after are kept to a minimum and routinely monitored. The reasons for placement breakdowns should be understood and inform future planning. Recruitment of Clinical Psychologist to support Foster Carers 		Service Director (EH & S)
		6.4 Permanency will be achieved more effectively through timely planning and	<ul style="list-style-type: none"> Ensure that all children in our care have a Permanency Plan by the time of their second Looked After Children's Review Meeting. Ensure that permanency plans are tracked and that delay is minimised. 		Service Director (EH & S)
		6.5 Learning and employment opportunities are maximised for all Children in our care and care experienced children	<ul style="list-style-type: none"> Development and implementation of strategy to reduced numbers of children and young people Not in Education, Employment, or training (NEET). Ensure that all children in care have regular and high quality PEP meetings. 	<ul style="list-style-type: none"> Reduction in numbers of NEET (benchmark needed) Narrowing of the attainment gap between children in care and their peers 	Service Director (E, S & L)
		6.6 All care experienced young people are supported and prepared for adulthood	<ul style="list-style-type: none"> All care experienced young people have a good quality pathway plan in place Review, revise, and re-publish the Leaving Care offer. All care experienced young people are aware of our Leaving 		Service Director (EH & S)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
			Care Offer and know what they are entitled to		
		6.7 For children on the edge of care, we will maximise opportunities to enable them to remain within their families.	<ul style="list-style-type: none"> Ensure that Family Group Conferences are offered to families before the case enters proceedings. Ensure that referrals to EChO are made as early as possible where it is identified that without intensive support a child may come into our care. 	<ul style="list-style-type: none"> Building on the strengths of families, the number of children coming into our care is reducing (rate per 10,000) 	Service Director (EH & S)
S7	Our services and support for children and young people with special educational needs and disability (SEND)	7.1 All children whose SEN meet threshold for EHCP are assessed in a timely manner and have a SMART plan.	<ul style="list-style-type: none"> Develop and implement SEND Review EHCP assessment are completed and updated to meet need in statutory timescales Ensure that Social Workers contribute to EHCP plans 		Service Director (E, S & L)
7.2 There is sufficient local provision to meet the assessed needs of all children who require a short break		<ul style="list-style-type: none"> Review and update Sufficiency Strategy and commissioning arrangements to ensure options and availability for short breaks placements. Commission a Peer Review of the SEND service 	<ul style="list-style-type: none"> Peer review completed and findings inform action plan. 	Service Director (E, S & L)	
7.3 Young people experience a smooth transition into adulthood and do not experience a “cliff edge”		<ul style="list-style-type: none"> Ensure that young people have a good quality and timely transition plan in place Ensure that adult services teams are fully sighted on young people moving into the adults system at the earliest possibility. Routinely monitor the timeliness and quality of transition plans. 		Service Director (E, S & L)	

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
		7.4 There are sufficient specialist educational places within Herefordshire settings that offer high quality provision.	<ul style="list-style-type: none"> Review and update Sufficiency Strategy and commissioning arrangements. 		Service Director (E, S & L)
		7.5 Improve the Inclusion and wellbeing of SEND pupils' in schools and settings	<ul style="list-style-type: none"> Develop and implement SEND Review EHCP assessment are completed and updated to meet need in statutory timescales 		Service Director (E, S & L)
S8	The voice of children is listened to and contributes effectively to practice and service planning and delivery.	8.1 Effective participation and engagement activity is evident across the service. It informs service and practice development.	<ul style="list-style-type: none"> Review and develop a participation delivery model that ensures children's engagement and participation Ensure that children are consulted and that their views inform service plans and decision making 	<ul style="list-style-type: none"> Audits show children and young people are routinely involved in the creation assessments and plans. 	Service Director (EH & S)
		8.2 Plans are SMART (Specific, Measureable, Achievable, Relevant, and Time-bound) and capture the voice of the child.	<ul style="list-style-type: none"> Social Workers and their managers will ensure plans are SMART and capture the voice of the child Team Managers, Child Protection Chairs and Independent Reviewing Officers will provide constructive challenge when plans are not SMART and/or do not capture the voice of the child. 	<ul style="list-style-type: none"> Quality assurance activity indicates that an increasing proportion of plans are SMART and capture the voice of the child (from July 22 onwards) 	Service Director (EH & S)
		8.3 There is Independent Advocacy provision for all Children and Young People who require it.	<ul style="list-style-type: none"> Business case to be developed for increased provision. 	<ul style="list-style-type: none"> No waiting lists for Advocacy Services 	Service Director (S, QA, & I)

Evidence of Impact (Service and Practice Development) (Where we want to be)

- Managers evidence clear oversight and grip, with practitioners well supported and benefiting from frequent, effective case supervision.
- We will have an increased range of Early Help services, provided by a broad range of partnership agencies and communities.
- Thresholds are clearly defined, understood and applied consistently and appropriately.
- Assessment of children, young people and their families are consistently of good quality, are well analysed, and show an understanding of the lived experiences of the child, their needs and any risks.
- Children, young people and their families have SMART plans which are informed by the needs and risks identified through assessments and which are progressed without undue drift or delay.
- Children and young people are routinely listened to and their voice and experience contributes to service and practice development, across the whole service.

Measures that Matter	Baseline	Target end of Q1	Target end of Q2	Target end of Q3	Target end of Q4
The number of unallocated cases in the service		0	0	0	0
% of case-holding staff receiving monthly Personal Supervision	TBD			95%	95%
% of children's cases having supervision recorded within the month.	TBD			95%	95%

Performance and Quality Assurance

Accountable Lead: Service Director (Safeguarding, Quality Assurance and Improvement)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
P1	We have a Quality Assurance Framework and the learning is used to inform our practice development.	1.1 There is an established cycle of quality assurance activity in place.	<ul style="list-style-type: none"> Develop and publish a revised QA framework Schedule of audit activity to be developed and published QA activity to be monitored through the Directorate Leadership Team 		Service Director (S, QA, & I)
		1.2 Learning from audits is routinely used to improve practice and service development.	<ul style="list-style-type: none"> Overarching/thematic audit reports are produced and shared There is a process in place which effectively tracks recommended actions from individual audits. Audit findings inform the development or commissioning of training 		Service Director (S, QA, & I)
P2	The footprint and scrutiny of CP Chairs and IROs	2.1 IRO's and CP chairs have a clear and well-understood role in overall quality assurance and their footprint is evident on children's files.	<ul style="list-style-type: none"> Revise and re-publish the Dispute Resolution Protocol (DRP) and add data to management information dashboards. 		Service Director (S, QA, & I)
		2.2 IROs have a good understanding of the needs of the children and young people for whom they are the reviewing officer and ensure that plans meet their needs.	<ul style="list-style-type: none"> Ensure that IRO visits are completed on a regular basis and that these are recorded on Mosaic in a timely manner. Ensure that Midpoint Reviews are evidence and these assist in driving the plan and preventing drift 		<ul style="list-style-type: none"> Performance reporting consistently indicates that at least 85% of children and young people have been visited by their IRO in the last 6 Months.

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
P3	We need an agreed multi-agency dataset that is used to drive performance and improve outcomes.	3.1 Agencies effectively use the data to drive improvement and practice.	<ul style="list-style-type: none"> Work with partners to ensure a multi-agency dataset is developed, and implemented. Include the dataset in future PowerBi dashboard reporting (internally) 	<ul style="list-style-type: none"> Multi-agency dataset is agreed and reports are available. 	Service Director (S, QA, & I)
P4	Use of accurate data to understand effectiveness and to drive improvement.	4.1 A comprehensive framework for monitoring performance and progress is in place.	<ul style="list-style-type: none"> Further develop an accessible online performance management framework. 	Dashboards reflect the full range of activity across the whole Directorate. (end Dec 22)	Improvement Lead
		4.2 Quality Assurance activity is a part of everybody's daily business and informs service and practice development.	<ul style="list-style-type: none"> Revise and publish a QA framework Ensure that regular audit activity informs practice development, training and service development. 	<ul style="list-style-type: none"> Quality Assurance Framework is signed off and launched 	Service Director (S,QA & I)
		4.3 Our case management system supports effective and efficient case recording and data collection.	<ul style="list-style-type: none"> Review (with Adults' Services) the current system to ensure fit-for-purpose going forward. 	Review completed and decision about future procurement options made. (October 2022)	Improvement Lead
		4.4 Children's intranet solution is modernised and fit-for-purpose	<ul style="list-style-type: none"> Maintain and develop current intranet presence. Work within corporate transformation programme to develop a modern, accessible solution. 		Improvement Lead

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
P4	Use of accurate data to understand effectiveness and to drive improvement.	4.5 Arrangements for resolving, reporting and follow-up on complaints are effective and learning from complaints informs practice development.	<ul style="list-style-type: none"> Publish refreshed practice guidance – responding to complaints. Ensure feedback from complaints is routinely considered by leaders and managers. Ensure learning from complaints is embedded in wider QA feedback and practice development. 	The proportion of complaints that are resolved at stage 1 increases.	Service Director (S,QA & I)
		4.6 We have an accurate self-evaluation of social work practice, refreshed every six months.	<ul style="list-style-type: none"> Develop and publish self-evaluation Develop mechanism to test accuracy and ensure 6-monthly refresh. 	<ul style="list-style-type: none"> Self-evaluation produced and shared with Children's Scrutiny Committee (May 2022) 	Improvement Lead
P4	Use of accurate data to understand effectiveness and to drive improvement.	4.7 The service knows its local communities, and uses this knowledge effectively to meet their needs.	<ul style="list-style-type: none"> Use of data to provide an overview of the strengths, needs and risks of our local communities Further develop and utilise Talk Community Hubs to coordinate provision of information, advice and guidance and early intervention activity closer to home – to support self-help and maximise use of community sector Consideration to be given for local commissioning where appropriate 		Corporate Director (C & YP)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
		4.8 Leaders know their strengths and weaknesses well and both respond to and are resilient to new challenges.	•		Corporate Director (C & YP)
P5	Performance and management information needs to be embedded within day-to-day practice and management.	5.1 Managers and practitioners have easy access to a range of data relevant to their job roles.	<ul style="list-style-type: none"> Develop use of PowerBI as an active tool for Managers and Leaders to review past performance and to pro-actively manage information Managers will receive training in the use of PowerBI 		Service Director (S, QA, & I)
		5.2 We understand our data and we can use this to improve our practice	<ul style="list-style-type: none"> Managers attend regular Performance Clinics 		Service Director (S, QA, & I)
		5.3 Improved performance is measured in impact and in outcomes for children.	<ul style="list-style-type: none"> Regular performance clinics take place to scrutinise performance Performance forms part of supervision 	<ul style="list-style-type: none"> Social Workers and Managers are aware and can articulate the impact of poor performance on outcomes for children. 	Service Director (S, QA, & I)

Evidence of Impact (Performance and Quality Assurance) (Where we want to be)

- Our Managers will have a manageable span of control and know what is expected of them
- There is a clear footprint by Independent Reviewing Officers and Child Protection Chairs and their involvement actively contributes to the timely progression of plans
- Together with our partners, we will have a multi-agency data-set which allows the partnership to drive improvement and practice.
- Performance data is used to pro-actively manage and prevent drift and delay and drive improvement using systems such as PowerBI
- There is a clear mechanism in place to ensure learning from quality assurance improves practice and outcomes for children, young people and their families
- Independence Advocacy is available to all children and young people who request this
- Our recording is timely, concise and accurate

Measures that Matter	Baseline	Target end of Q1	Target end of Q2	Target end of Q3	Target end of Q4
% of Plans graded as Requires Improvement, Good or Outstanding	58% (CEO Audit)				
[quality]					
% of assessments completed within timescales	53.7% (March 2022)	60%	70%	80%	85%
% of plans which are updated at least every 6 months	%TBD				

DRAFT

The impact of leaders on practice with children and families

Lead: Corporate Director for Children and Young People

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
L1	The stability of leadership and management	1.1 Service Director posts are permanent appointments.	<ul style="list-style-type: none"> Review and revise job descriptions Complete recruitment process 	<ul style="list-style-type: none"> Service Directors recruited and in post (Aug 2022) 	Corporate Director (C&YP)
		1.2 The majority of Heads of Service and Service Manager posts are permanent appointments.	<ul style="list-style-type: none"> Review and revise job descriptions Complete recruitment process 	<ul style="list-style-type: none"> At least 50% of Head of Service and Service Manager appointments are permanent (September 2022) 	Service Director (EH & S)
		1.3 The majority of Team Manager posts are permanent appointments	<ul style="list-style-type: none"> Review and revise job descriptions Complete recruitment process 	<ul style="list-style-type: none"> At least 75% of Team Manager appointments are permanent. (Sept 2022) 	Service Director (EH & S)
L2	We will build a culture that enables good practice to flourish	2.1 Our vision, values and principles for children and young people are clearly communicated within the local authority and across the Partnerships.	<ul style="list-style-type: none"> Introduce consistent branding for the service Refresh the external website Further develop the Directorate Communications Plan. 	<ul style="list-style-type: none"> The service has a brand and identity that is recognised. (July 2022) The external website has been refreshed and users report positively about its accessibility and value. (Sept 2022) 	Corporate Director (C & YP)
		2.2 Leaders will be strong, visible and demonstrably engaged with practice and practitioners	<ul style="list-style-type: none"> Expectations of managers returning to the offices will be made clear. A framework of practice observations by managers and senior leaders and activities such as team visits and practice weeks will be introduced. 	<ul style="list-style-type: none"> At least 70% of the workforce report that leaders are visible and engaged by Sept 2022. Framework for practice observation, floor walking and QA assurance activity in place by end of May 2022. 	Service Director (S, QA & I)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
L2	We will build a culture that enables good practice to flourish	2.3 We will be clear about our practice standards and the principles that underpin them.	<ul style="list-style-type: none"> Practice standards to be revised and published. Prepare and publish a range of relevant practice guidance notes and management action notes to make clear the responsibilities and accountabilities for better practice. Re-launch the Signs of Safety Values Statement and Leadership Pledge. 	<ul style="list-style-type: none"> Practice standards formally launched (May 2022) Signs of Safety Values Statement and Leadership Pledge formally launched (May 2022) 	Service Director (S,QA & I)
		2.4 Leaders promote distributed leadership, building a culture of appreciative enquiry and fostering a safe environment.	<ul style="list-style-type: none"> Explore and promote the concept of distributed leadership and appreciative enquiry with managers across the service. Promote the use of appreciative enquiry across the service and safeguarding partnership. Introduce framework for encouraging 'Safe to Fail' experiments. Lead by example in terms of supporting colleagues to speak up and engage, sharing a wide range of views and opinion. 		Corporate Director (C&YP)
		2.5 Staff and partners recognise us as a learning organisation with a strong capacity to absorb, assimilate and disseminate information to support cultural and practice change.	<ul style="list-style-type: none"> Ensure open and honest participation in partnership QA activity. Ensure that learning from local and national reviews, research, and partnership QA activity is routinely shared and the learning embedded in practice development activity. 		Service Director (S,QA & I)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
		2.6 We celebrate our successes and achievement	<ul style="list-style-type: none"> Increase activity across the Directorate to recognise and share good practice. Organise a workforce celebration event later in the year. 	<ul style="list-style-type: none"> Celebration event held (Autumn 22) 	Principal Social Worker
L3	The effectiveness and impact of relationships with key partners	3.1 Children's services are appropriately represented at relevant partnership boards and their sub groups and are actively participate and contribute.	<ul style="list-style-type: none"> Review membership and attendance. Report to DLT with proposals for representation. 		Service Director (S,QA & I)
		3.2 The Children and Young People's Partnership (CYPP) is active and contributing to more effective partnership working	<ul style="list-style-type: none"> Review/revise Terms of reference and CYPP Plan. Organise workshop for CYPP Members to refresh its purpose and forward plan (May 2022) 	<ul style="list-style-type: none"> CYPP meets and agrees refreshed purpose and forward plan (May 2022) 	Service Director (EH & S)
		3.3 We engage with partners to improve our practice and performance within care proceedings.	<ul style="list-style-type: none"> Ensure that there is effective liaison with CAFCASS and the Local Family Justice Board on matters related to court proceedings. 	<ul style="list-style-type: none"> There are regular meetings with CAFCASS and the Local Family Justice Board that demonstrably contribute to improved practice and performance (Sept 2022) 	Service Director (EH & S)
		3.4 We engage with partners to improve our practice and performance in respect of adoption.	<ul style="list-style-type: none"> Ensure that there is effective liaison with Adoption Central England (ACE) 	<ul style="list-style-type: none"> There are regular meetings with Adoption Central England Improvement in data regarding adoption 	Head of Service (Corporate Parenting)
L3	The effectiveness and impact of relationships	3.5 We actively engage with partners in our communities.	<ul style="list-style-type: none"> Ensure that there is effective liaison with our communities' i.e. voluntary sector, faith groups, military bases. 		Service Director (S,QA & I)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
	with key partners		<ul style="list-style-type: none"> Provide twice-yearly community partner briefings 		
		3.6 The effectiveness and impact of safeguarding partnership arrangements is improved.	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	Service Director (S, QA, & I)
L4	Our Corporate Parenting responsibilities are effectively discharged	4.1 The Corporate Parenting Board has an agreed core membership, meets regularly, and has clarity of purpose.	<ul style="list-style-type: none"> Develop and implement a new Corporate Parenting Strategy Revise and refresh the Terms of Reference for CPB Ensure that there is a work programme in place for the year ahead. Develop through the work of the board, stronger links to voice of children and young people 	<ul style="list-style-type: none"> Corporate Parenting Strategy in place (May 2022) Revised and refreshed Terms of Reference in place (May 2022) Work programme in place (May 2022) 	Service Director (EH & S)
		4.2 Members and officers across the council are aware of their corporate parenting responsibilities.	<ul style="list-style-type: none"> Awareness raising to take place across the council workforce. Create dedicated resource on Council intranet. Training programme for all Members and staff in respect of corporate parenting is developed and delivered, including for new starters as a part of their induction. 	<ul style="list-style-type: none"> Training programme designed by April 2022 Intranet site/page in place Training programme incorporated into mandatory training programme by June 2022 Messages regarding Corporate Parenting from CEO 	Corporate Director (C & YP)
		4.3 There is a corporate sense of responsibility for children in our care and care leavers and Herefordshire Council recognises and prioritises the needs of children in all aspects, such as housing, career opportunities, education and learning.	<ul style="list-style-type: none"> Ensure that consideration of how best to support children and young people in our care is evidenced across the council 	<ul style="list-style-type: none"> Full Council renews it's Corporate Parenting commitment annually 	Chief Executive

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
L5	Members are able to effectively discharge their scrutiny function.	5.1 A Member engagement schedule is in place and Members are supported to actively participate.	<ul style="list-style-type: none"> Develop and introduce a Member engagement schedule (e.g. opportunities to shadow a social worker, observe a meeting etc.) Ensure that the programme of Member induction and development activity includes safeguarding, corporate parenting, and opportunities for Member engagement. 	<ul style="list-style-type: none"> Members have had the opportunity to visit all parts of the service, meet with staff, and observe practice. (Sept 2022) Staff report that they have access to Members (Sept 2022) Members report that they feel supported and informed and are better able to scrutinise the service. (Sept 2022) 	Service Director (S,QA & I)
		5.2 Members are supported to work in a pro-active manner across the broad spectrum of education, early help, and social care activity.	<ul style="list-style-type: none"> Ensure that there is a Scrutiny forward plan for the municipal year that focuses on relevant topics across education, early help, and social care and is flexible enough to respond to change and emerging concerns. 		Service Director (S,QA & I)
		5.3 Members provide effective challenge and support to the improvement of practice in children's services	<ul style="list-style-type: none"> Continue to develop the workshop model for Children and Young People Scrutiny Committee members to enable a better understanding of the work of children's services so that effective scrutiny can happen. 		Service Director (S,QA & I)
L7	Clear lines of communication with staff, children, young people, families and partner agencies to ensure that we	7.1 We communicate effectively with our workforce, our service users, with external agencies, and with Herefordshire citizens.	<ul style="list-style-type: none"> Develop and implement a Communications Strategy that is focused both on internal and external stakeholders. 		Improvement Lead
		7.2 Senior leaders are visible and engaged with the wider partnership and service users.	Develop a schedule of visits by senior leaders to community settings (e.g. Children's Centres,		Service Director (S,QA & I)

Ref	What needs to improve?	Outcomes	Actions	Milestones to be achieved	Lead
	remain transparent and collaborative in everything that we do.		schools, voluntary organisations etc.)		
		7.3 There are a range of different ways for the workforce to communicate with service leaders.	<ul style="list-style-type: none"> Develop and publish details for staff forum, briefings, and drop-ins six-months in advance. 	<ul style="list-style-type: none"> Staff confirm they received clear communications from senior leaders and can feedback (survey) 	Improvement Lead
		7.4 Service leaders routinely engage with service users and use their experience of services to inform service development	<ul style="list-style-type: none"> Ensure that there is clear engagement by senior leaders with children, young people and their families. 	<ul style="list-style-type: none"> Service users' report that that have access to senior leaders and are listened to. 	Improvement Lead

Evidence of Impact (*Where we want to be*)

We will have a permanent Middle and Senior Leadership Team in place who are visible, and engaged with practice.
 We will have created an environment where good and outstanding practice can thrive
 Our relationships with partner agencies will be open, honest, and strong and there will be evidence of constructive challenge and feedback.
 The corporate parenting principle and role is embedded across the Council and its partners, and clearly understood and applied in decision making for children in care and care leavers.
 There is evidence of effective challenge and scrutiny by Members, Officers, DfE and the Improvement Board
 We will use data to enable us to make informed decisions which will drive improvement
 We communicate effectively with children, young people and their families, our workforce and partner agencies

Measures that Matter	Baseline	Target end of Q1	Target end of Q2	Target end of Q3	Target end of Q4
Proportion of Service Directors, Heads of Service and Service Managers who are permanent (x of y)	%TBD				
% of respondents who say we communicate with them effectively (Quarterly questionnaire - e.g. at Your Voice Matters, Parent Carer Voice, Improvement Board etc.)	%TBD				

Appendix B: Measures that Matter (compiled)

	Measures that Matter	Baseline	Target end of Q1	Target end of Q2	Target end of Q3	Target end of Q4
1	<i>This table to be populated once Measures that matter finalised</i>					
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Appendix C: Glossary

Abbreviation	Term
CAFCASS	Children and Family Court Advisory and Support Service
Corporate Director (C & YP)	Corporate Director for Children and Young People
DLT	Directorate Leadership Team
EH	Early Help
EHCP	Education, Health, and Care Plan
HSCP	Herefordshire Safeguarding Children Partnership
MARF	Multi-Agency Referral Form
PEP	Personal Education Plan
PSW	Principal Social Worker
Service Director (E, S & L)	Service Director (Education, Skills and Learning)
Service Director (EH & S)	Service Director (Early Help and Safeguarding)
Service Director (S, QA & I)	Service Director (Safeguarding, Quality Assurance and Improvement)
SEND	Special Educational Needs and Disability
QA	Quality Assurance

Appendix D: Key sources of information to secure a whole system approach

Key sources of information to secure a whole system approach to quality assurance and performance management to be presented and scrutinised will include:

Case audits	Practice Observations
Learning from complaints and compliments	Feedback from partner agencies
Voice of the children, young people and their families	Feedback from frontline practitioners
Self-evaluation and peer challenge	Learning from serious child safeguarding incidents
Performance and data reports	Appreciative inquiry

Appendix E: Revised Governance arrangements.

Children's Improvement Plan V2 Governance

