

INSPECTION ACTION PLAN

**CHILDREN IN NEED OF HELP
AND PROTECTION**

| Services likely to be judged 'Good' if: | Action Required By CSC | Timescale Completion | Strategic Lead Officer | September 2013. Measures of progress Measures of Impact | Update March 2014 |
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| <p>1.0 Children are listened to & practice is focused on their experiences & influenced by their wishes & feelings.</p> | <p>i) Review of Independent Reviewing Officer (IRO) service against requirements of Care Planning regulations (2011) & the recommendations of Ofsted report 'Tackling Change' - June 2013.</p> | <p>i) Dec 2013</p> | <p>i) SGU</p> | <p>Recommendations of review presented to CMT by December 2013.</p> <p>Implementation of review by March 2014.</p> <p>Children seen consistently & routinely by IRO's.</p> <p>The wishes, views & feelings of children are recorded & taken into account in formulation of plans.</p> | <p>Review of the IRO service completed December 2013 and shared with IRO's.</p> <p>Dates & notes of IRO visits to children are now being recorded on the ICS system. Evidence that these visits are becoming routine. Capacity issues owing to increased expectations and demand.</p> <p>Work is ongoing with all practitioners including IRO's to improve their recording of the wishes & feelings of children – & their recording of how the formulation of plans has taken into account their wishes & feelings.</p> <p>A pilot is about to start to ensure that those children & yp who wish to attend CP conferences are supported by an independent advocate who can support them in ensuring their wishes & views are heard & considered.</p> <p>Chief Officers have a programme of attendance at CP conferences as part of the QA framework.</p> |

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| <p>1.1 Children are consistently seen & seen alone by social workers where statutory guidance requires this should happen & professionally judged to be in the best interests of the child.</p> | <p>ii) Guidance to be issued to social work staff to affirm required visiting frequency to children & expectations of purpose of statutory visits.</p> <p>iii) Guidance to be developed for staff to establish consistent quality & kind of recording of the wishes & feelings of children; & as to how these wishes & feelings have influenced practice, plans & service provision.</p> | <p>ii) Sept 13</p> <p>iii) Oct 13</p> | <p>ii) Placement Service and SGS</p> <p>iii) Placement Service and SGS</p> | <p>Children seen at the appropriate frequency by social workers & seen alone at appropriate frequency.</p> <p>The wishes, views & feelings of children are recorded & taken into account in formulation of plans.</p> | <p>The ongoing development of a 'real time' performance monitoring tool is increasingly allowing frontline managers to ensure that children are seen at the appropriate frequency & seen alone by social work staff. There is a high level and improving level of compliance.</p> <p>Case file audits (including by LGA SDT) indicate that the wishes & feelings of children & yp are being more clearly recorded – further work is required to ensure that the wishes & feelings of children & yp are explicitly considered and are influential of care planning and service provision.</p> |

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| 1.2 Children are engaged in all actions & decisions & understand the intentions of the help they receive. | As above (1.1) | As above (1.1) | SGU SGS | The wishes, views & feelings of children are recorded & taken into account in formulation of plans. | Case file audits (including by the LGA SDT) indicate that the wishes & feelings of children & yp are being more clearly recorded – further work is required to ensure that the wishes & feelings of children & yp are explicitly considered and are influential of care planning and service provision. Ofsted Judgement against this descriptor will not be confined to the performance of CSC. |
| 1.3 Social workers engage with children & families so that they understand what has to change, what help is offered & what the options are for the future. | Review of experience, skills and social work capacity. | March 14 | AD | Review of frontline social work capacity to be completed by Jan 14 & implemented by April 14. All children are seen regularly & are able to develop a consistent relationship with their social worker. Social workers have the time & skills to undertake the required direct work with children & families & to ensure accurate & timely recording of their direct work with children & families. | Review of frontline social work capacity has been ongoing. Its completion has been delayed by the EH Thematic & the LGA SDT in Jan/Feb. 14. The recommendations arising from external scrutiny will now inform the review which is now unlikely to be completed until end of April 14 or implemented before July 14. Short term arrangements have been made to ensure social workers have the time & skills required to undertake direct work & ensure accurate recording of their work. |

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| <p>1.4 Practice is informed by feedback from children & families about the effectiveness of the help they need from the time it is first needed until it ends.</p> | <p>iv) Review of systems, procedures & services to determine to what extent they support effective engagement & participation of children, yp & families & their feedback on the effectiveness of services is influential of practice, service design & service delivery.</p> | <p>March 14</p> | <p>PP&P</p> | <p>Review to be completed by December 13 and implemented from March 14.</p> <p>Systematic collection & collation of feedback on effectiveness of all services & evidence of influence of C&YP on practice, service development & service design.</p> | <p>This work is ongoing.</p> <p>Developments within CSC include a pilot to ensure YP are supported and heard in CP conferences and the development of a junior 'children in care council'.</p> <p>Complaints are collated and emergent themes identified.</p> |

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| <p>2.1 C&YP & families are offered help when concerns are first identified & as a consequence children's circumstances improve & the need for targeted services is lessened or avoided.</p> | <p>i) Implementation of MASH.</p> <p>ii) Implementation of EH Offer, EH Team & multi-agency EH Panel.</p> | <p>Oct 13</p> <p>Sept 13</p> | <p>i) AD</p> <p>ii) EH/Early Years & Children's Centres</p> | <p>Co-located multi-agency team. Recruitment of staff to EH team. TOR of EH Panel agreed, membership established, first panel by end Sept 13.</p> <p>More timely & effective response to child welfare concerns. Increase in number of plans through CAF. Reduced number of cases requiring statutory services. High performance against statutory assessment timescales.</p> | <p>i) The MASH went live Oct.13. A wide range of agencies are co-located at Bury Police Station. The evidence of the EH Thematic & LGA SGD is of a highly effective service which ensures a timely & effective first response to child welfare concerns.</p> <p>ii) Recruitment to the EH Team is complete. The team have been operational since Nov. 13. The multi-agency EH panel went live in Oct. 13. It ensures that children & families who need help but not statutory social work intervention receive an appropriate service either through a TAC or from the EH Team.</p> <p>It is too early to measure the impact of the above. Indications are positive.</p> |

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| 2.2 The interface between early help & statutory child protection work is clearly & effectively differentiated. | Threshold Document to be reviewed, revised and published by the BSCB. | Oct. 13 | BSCB Business Manager SGU | Document published by BSCB Oct. 13. The interface between Early Help & statutory CP work is clearly & effectively differentiated & understood by all partners. | LGA SDT considered the threshold document particularly helpful & found thresholds being appropriately applied. Ofsted EH Thematic considered cases were 'in the right place'. |
| 2.3 Thresholds for intervention are understood by partners, consistently applied, well embedded, reviewed & updated regularly. | i) Multi-agency training. ii) Implementation of EH Panel. | i) Nov. 13 ii) Sept.13 | i) SGU ii) EH, Early Years and Children's Centres. | Workshops delivered throughout Nov 13. TOR of EH Panel agreed, membership established, first EH panel by end Sept. Increased number of support plans via CAF/reduced demand statutory social work intervention; high conversion rate of referrals to assessments; reduced re-referral rate to CSC. | Workshops delivered throughout Nov 13. Panel effective from Oct 13. Too soon to measure impact although early indications are positive. |

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| 2.3.Thresholds for intervention are understood by partners, consistently applied, well embedded, reviewed & updated regularly. | iii) Development & launch of CSC QA framework | iii) Sept. 13 | iii) AD | QA framework embedded during 2013. QA framework includes calendar for review of & regular updating of Threshold Document. | QA framework in place – continues to be embedded. Case file auditing ongoing, an increasing number of performance monitoring reports becoming available. |
| 2.4 Social work expertise is available to advise & support other professionals in determining the best steps to take next. | i) Social work expertise to be available in the Early Help service. ii) Implementation of the MASH | Sept 2013. Sept 13 | i) Early Help, Early Years & CC's. ii) AD | Recruitment of social work posts to EH Team to be completed by Sept. 13 Co-located multi-agency team by end Sept 13. Improved management of complex cases 'below' statutory threshold. Increased number of support plans via CAF. Timely identification of risk. Timely assessment of risk – reduced drift/delay in provision of help & services to vulnerable children. | Social workers in post and effective from Nov 13. Development of their role to advise and support others is ongoing. Implementation of MASH has also provided professionals a SPOC for advice and support. Too soon to assess impact - early indications are of more timely identification of risk & improved management of complex cases 'below' statutory threshold. |

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| <p>2.5 Information sharing between agencies is timely, specific and effective.</p> | <p>i) Implementation of Multi-Agency Safeguarding Hub (MASH) & Early Help (EH) Panel.</p> <p>ii) Development of integrated pathway & single integrated plans for children with special and complex needs.</p> | <p>Oct. 13</p> <p>Sept. 14</p> | <p>i) AD</p> <p>EH/Early years and Children's Centres.</p> <p>ii) Health and Partnerships.</p> | <p>Co-located multi-agency team.</p> <p>Establishment of EH Panel</p> <p>Improved timeliness of decision making, service provision & outcomes for children.</p> <p>Increase number of support plans through CAF.</p> <p>Reduced demand of statutory services.</p> <p>Implementation of integrated pathway and plans.</p> <p>Improved accessibility & coherence of services for those with special & complex needs.</p> | <p>See above 2.1</p> <p>See above 2.1</p> <p>See above 2.1</p> <p>See above 2.1</p> |
| <p>3.0 There is timely & effective response to referrals (including out of office hours). Drift & delay are avoided.</p> | <p>i) Development of MASH.</p> <p>ii) Establishment of new 'Out of Hours (OOH) Team.'</p> | <p>Sept 13</p> <p>Sept 13</p> | <p>i) AD</p> <p>ii) SGU</p> | <p>Co-located MASH by end of Sept 13.</p> <p>Recruitment to OOH Team by Sept 13.</p> | <p>See above 2.1</p> <p>Completed</p> |

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| <p>3.0 There is timely & effective response to referrals (including out of office hours). Drift & delay are avoided.</p> | <p>iii) Review of frontline management & social work capacity.</p> <p>iv) Establishment of EH Team & EH Panel.</p> | <p>Sept 13 - Jan 14.</p> <p>Sept 13</p> | <p>iii) AD</p> <p>v) EH, Early Years and Children's Centres.</p> | <p>Review of management capacity by Sept 13. Implementation of recommendations of review of management capacity by Nov 13. Review of frontline social work capacity to be completed by Jan 14 & implemented by April 14.</p> <p>Optimal size of supervisory groups established. Safe caseloads established. 100% same day response to CSC referrals. Low numbers/zero unallocated CSC cases. High degree of compliance with CSC assessment timescales (80% or above). Timely recognition of risk, timely reduction or removal of risk. More timely provision of effective help.</p> | <p>iii) Management capacity increased, posts established – recruitment ongoing.</p> <p>iii) Ongoing see above</p> <p>iv) As Above</p> <p>Too early too evidence impact. Caseloads remain high.</p> <p>Approaching 100% same day response to CSC referrals.</p> <p>Low – zero unallocated cases.</p> <p>Compliance with assessment timescales compromised due to high caseloads.</p> <p>Recognition of risk is timely. Too early to assess whether there is more timely provision of effective early help.</p> |

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| 3.1. Children & YP who are privately fostered are identified by the L.A. in conjunction with partners. Once identified the L.A. discharges in full its statutory responsibility to ensure that they are safe & that their health & well being are promoted. | i) Develop communication strategy to ensure & raise awareness of PF amongst partners & public. | Nov 13 | SGU | <p>Communication Strategy to be available to CMT by October 2013 & implemented from November 2013.</p> <p>Increase in the number of known PF arrangements.</p> | <p>Demand & capacity have not supported progress against this element of the action plan.</p> <p>Recent progress has been made. A review of policy, procedures & communication strategy is to be presented to the AD within 4 weeks.</p> |

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| 3.2 Child protection enquiries are thorough, timely & always led by a qualified & suitably experienced social worker. Findings in relation to significant harm are clear. | i) Review capacity, skills & experience of social work staff. ii) Introduce & embed a range of tools to support assessment of risk of significant harm. | i) Dec 13. ii) Nov 13 | AD SGS | Review of frontline social work capacity to be completed by Jan 14 & implemented by April 14. Tools available to all child protection social workers October 13. | See above Bruce Thornton Risk Assessment Toolkit increasingly embedded. CSE risk tool in use. CAADA DASH (DV) increasingly used. |

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| <p>3.2 Child protection enquiries are thorough, timely & always led by a qualified & suitably experienced social worker. Findings in relation to significant harm are clear.</p> | <p>iii) Introduce & embed a systemised programme of qualitative case audits designed to scrutinise timeliness, thoroughness & quality of child protection enquiries & that the outcomes are clearly recorded in terms of risk of harm.</p> <p>iv) Introduce & embed q.a. & performance reporting framework which ensures managers are alerted to & can respond to emerging issues & deficiencies in practice and services.</p> | <p>iii) Sept 13</p> <p>iv) Sept 13</p> | <p>AD</p> <p>AD</p> | <p>Case Audit tools available from Sept 13.</p> <p>Case audit 'team' established from Sept 13.</p> <p>Calendar for reporting of outcomes of audit activity to be in place from Sept 13.</p> <p>All CP enquiries undertaken by qualified and suitably experienced social workers.</p> <p>High degree of compliance with statutory timescales for CP enquiries.</p> <p>High use of risk assessment tools.</p> <p>Qualitative audits which inform as to the safe and effective practice and workforce and training requirements.</p> | <p>Development of additional tools in progress.</p> <p>All frontline & senior managers identified to undertake case file audits. Capacity compromises compliance with the established calendar of audits.</p> <p>All CP enquiries undertaken by qualified & suitably experienced social workers.</p> <p>High degree of compliance with statutory timescales for CP enquiries.</p> <p>See above.</p> <p>Development & use of a range of qualitative case file audit tools is ongoing.</p> |

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| 4.0 Decisions are always undertaken by suitably experienced and qualified social workers and managers with decisions clearly recorded. | i) Review of frontline management & social work capacity. | Sept 12 – Jan 14. | AD | Review of management capacity to be completed by Sept 13. Implementation of recommendations of review of management capacity by Nov 13. Review of frontline social work capacity to be completed by Jan 2014 and implemented by April 2014. | See above 1.3 See above 1.3 See above 1.3 |
| | ii) Workload management policy to be established supporting managers in the allocation of work (volume & complexity) to suitably skilled & experienced social workers. | Nov 13 | SGS | Workload Management policy available to CMT by end of Oct 13 for implementation during Nov 13. | Workload Management Policy not progressed. The significant increase in demand in Q3 2013 undermined the possibility of introducing such a policy. Caseloads are monitored & in the short term measures are in place to manage the increased demand. Work is ongoing to ensure caseloads & workloads are safe & to effect a caseload & workload policy. |

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| <p>4.0 Decisions are always undertaken by suitably experienced & qualified social workers & managers with decisions clearly recorded.</p> | <p>iii) Case supervision policy to be reviewed & re-launched including guidance to managers in the production of consistent quality & kind of recording of case decisions & the supporting rationale.</p> | <p>Oct 13</p> | <p>SGS</p> | <p>Review & re-launch of supervision policy & accompanying guidance to be completed by end Oct. 13.</p> <p>Management capacity is consistent with required levels of management oversight and decision making.</p> <p>Social work caseloads (size and complexity) reflect their experience and skills.</p> <p>Improved recording of decision making and rationale.</p> | <p>Review of the supervision policy & accompanying guidance undertaken. Work to embed is ongoing.</p> <p>The increase in demand Q3 2013 is working its way through the CSC service & compromising the capacity of frontline managers to evidence the required frequency & quality of management oversight. Nevertheless there is improved evidence of management oversight as indicated by the LGA Safeguarding Diagnostic.</p> <p>See 4 (ii)</p> <p>See above.</p> |

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| <p>4.1 Assessments (including CAF) are always timely, proportionate to risk, informed by research & learning & by the historical context & significant events & address all domains of the local framework for assessment.</p> | <p>i) See 3.0 above</p> <p>ii) Access to research provided to all SW's.</p> <p>iii) Ongoing training & guidance to be available to social work staff in respect of relevance of historical information.</p> <p>iv) Protocol User Group (PUG) to be established. PUG to work with social work staff to overcome technological barriers to maintenance of chronologies.</p> | <p>ii) Aug 13.</p> <p>iii) Oct. 13 and ongoing</p> <p>iv) Oct 13</p> | <p>AD</p> <p>PP&P</p> <p>PP&P</p> | <p>Online research tool available to all social work staff.</p> <p>Training plan includes module on relevance of historical context to assessment of risk.</p> <p>PUG established & by Nov 13 produces a plan to support social workers maintain chronologies on the electronic database.</p> <p>PUG plan implemented by Jan 14.</p> <p>Assessments informed by research, learning and historical context.</p> <p>High degree of compliance with statutory assessment timescales.</p> <p>High degree of compliance with the statutory requirement that every case record contains an up to date chronology.</p> | <p>PUG has been unable to address this issue effectively. LGA SDT advise the ICS system in this respect does not support social workers. SDT advise a local solution not dependant on the ICS chronology.</p> <p>Alternative local solution being sought.</p> |

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| <p>5.0 Assessments & plans are dynamic & change in the light of emerging risks.</p> <p>5.1 Plans & services are reviewed & alternative action is taken where the circumstances for children do not change & the risk of harm or actual harm remains.</p> <p>5.2 Authoritative action is taken where change is not secured and the risk to children intensifies or remains the same.</p> | <p>See 1.0 above.</p> <p>Review of IRO service against requirements of Care Planning regulations (2011) & the recommendations of Ofsted report 'Tackling Change' - June 2013.</p> <p>This review to include the relationship of IRO's with Cafcass and escalation procedures.</p> | <p>March 14</p> | <p>SGU</p> | <p>Recommendations of Review presented to CMT by December 2013.</p> <p>Implementation of Review by March 2014.</p> <p>All children & yp have a plan informed by a current & relevant assessment of need.</p> <p>Reduced number of CP plans of more than 18 months duration.</p> <p>Improvement in achievement of legal permanence for vulnerable children.</p> | <p>See 1 (i) above</p> <p>The numbers of children subject of CP plans is currently high. The indications are that the revised threshold document is supporting appropriate assessment of risk and escalation.</p> <p>There has been significant improvement in the achievement of legal permanence for vulnerable children and a reduction in the time taken to achieve legal permanence.</p> |

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| <p>6.0 Children in need (CIN) & children in need of protection are subject of either a CIN or CP plan that clearly identifies the help offered; the changes which need to be achieved & the appropriate timescales for the child.</p> | <p>i) Audit of all CIN cases to ascertain that; All have a plan and that plans clearly identify the help offered, the changes required and the appropriate timescales for the child.</p> <p>ii) Establish systematic process of ongoing Team Manager review of CIN plans.</p> <p>iii) Review IRO service against requirements of Care Planning regs (2011).</p> <p>Specific consideration to be given to the role of IRO's in ensuring CP plans clearly identify the help offered; the changes to be achieved & the appropriate timescales for the change.</p> | <p>Nov 13</p> <p>Nov 13</p> <p>Dec 13 – March 14</p> | <p>SGS</p> | <p>Report & recommendations of audit of CIN cases to be presented to CMT by end of Oct 13. Process for systematic frontline manager review of CIN plans is established by end of Oct 13 and implemented by Nov 13. Recommendations of review of IRO service presented to CMT by December 2013. Implementation of the IRO review to be achieved by March 2014.</p> <p>All children in receipt of a social work service have a plan & have a plan consistent with an assessment of need which identifies the help to be offered, the changes to be achieved and the timescales for change.</p> <p>See above – 5.0</p> | <p>Audit of CIN cases undertaken.</p> <p>Issues identified in respect of how CIN plans for CwD are recorded. This is being addressed.</p> <p>CIN Plans being reviewed in supervision.</p> <p>Processes for systematic audits of CIN in development.</p> <p>Work is ongoing with IRO's to support them in ensuring that plans are always SMART.</p> |

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| <p>7.0 Children who live in households where a parent/carer misuses substances or suffers mental ill-health or where there is evidence of DV are helped & protected. Incidents are monitored & multi-agency responses are co-ordinated including through management by MARAC.</p> | <p>To be agreed with partners.</p> | <p>Nov 13</p> | <p>AD</p> | <p>Partner Engagement</p> <p>Effective MARAC</p> <p>Effective services for substance misusing adults and those with mental health.</p> | <p>Partner engagement:</p> <p>Children's Trust Supporting Communities Improving Lives (SCIL) Multi agency Domestic Abuse Steering group. MARAC effective and addresses 16/17 yr olds in abusive intimate relationships.</p> <p>Health service represented in the MASH, Early Help and YOT service to support engagement with mental health services and DAT.</p> |