

**Draft Inspection Action Plan. 'The Experience and Progress of Children who Need Help and Protection'.**

Services likely to be judged 'Good' if:	Action Required	Timescale Completion	Strategic Lead Officer	Measures of progress Measures of Impact
<p><b>1.0 Children are listened to and practice is focused on their experiences &amp; influenced by their wishes &amp; feelings.</b></p> <p><b>1.1. Children are consistently seen &amp; seen alone by social workers where statutory guidance requires this should happen &amp; professionally judged to be in the best interests of the child.</b></p>	<p>i) Review of Independent Reviewing Officer (IRO) service against requirements of Care Planning regulations (2011) and the recommendations of Ofsted report 'Tackling Change' - June 2013.</p> <p>ii) Guidance to be issued to social work staff to affirm required visiting frequency to children and expectations of purpose of statutory visits.</p> <p>iii) Guidance to be developed for all staff to establish consistent quality and kind of recording of the wishes and feelings of children; and as to how these wishes and feelings have influenced practice, plans and service provision.</p>	<p>i) Dec 13.</p> <p>ii) Sept 13</p> <p>iii) Oct 13</p>	<p>i) SGU.</p> <p>ii) Placement Service.</p> <p>iii) SGS</p>	<p>Recommendations of Review presented to CMT by December 2013.</p> <p>Implementation of Review by March 2014.</p> <p>Children seen consistently and routinely by IRO's.</p> <p>Children seen at the appropriate frequency by social workers and seen alone at appropriate frequency.</p> <p>The wishes, views and feelings of children are recorded and taken into account in formulation of plans.</p>

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<p><b>1.2. Children are engaged in all actions &amp; decisions &amp; understand the intentions of the help they receive.</b></p> <p><b>1.3. Social workers engage with children and families so that they understand what has to change, what help is offered and what the options are for the future.</b></p>	<p>As above</p> <p>Review of experience, skills and social work capacity.</p>	<p>March 14</p>	<p>SGU SGS</p> <p>AD</p>	<p>Review of frontline social work capacity to be completed by Jan 2014 and implemented by April 2014.</p> <p>All children are seen regularly and are able to develop a consistent relationship with their social worker.</p> <p>Social workers have the time and skills to undertake the required direct work with children and families and to ensure accurate and timely recording of their direct work with children and families.</p>
<p><b>1.4. Practice is informed by feedback from children &amp; families about the effectiveness of the help they need from the time it is first needed until it ends.</b></p>	<p>iv) Review of systems, procedures and services to determine to what extent they support effective engagement and participation of children, young people and families and their feedback on the effectiveness of services is influential of practice, service design and service delivery.</p>	<p>March 14</p>	<p>PP&amp;P</p>	<p>Review to be completed by December 13 and implemented from March 14</p> <p>Systematic collection and collation of feedback on effectiveness of all services and evidence of influence of C&amp;YP on practice, service development and service design.</p>

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<p><b>1.5. Allegations of abuse, mistreatment or poor practice by professionals or carers are taken seriously. Steps are taken to protect children &amp; young people and the management of allegations is robust &amp; effective.</b></p>	<p>The management of allegations of poor practice and professional abuse is robust.</p>			

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<p><b>2.1. C&amp;YP and families are offered help when concerns are first identified and as a consequence children's circumstances improve and the need for targeted services is lessened or avoided.</b></p>	<p>i) Implementation of MASH.</p> <p>ii) Implementation of EH Offer, EH Team and multi-agency EH Panel.</p> <p>iii) Development of multi-agency Children with Disabilities Services.</p> <p>iv) Development of integrated services for children with special needs (S.END agenda).</p>	<p>Oct 13</p> <p>Sept.13</p> <p>March 14</p> <p>Sept 14</p>	<p>i) Assistant Director (AD)</p> <p>ii) EH/Early Years &amp; Children's Centres</p> <p>iii) Health and Partnerships.</p> <p>iv) Health and Partnerships.</p>	<p>Co-located multi-agency team. Recruitment of staff to EH team. TOR of EH Panel agreed, membership established, first panel by end of Sept 13.</p> <p>More timely and 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>Establishment of co-located multi-disciplinary CwD service by March 2014. Implementation of pilot of single integrated plans for CwD Aug 2013. Review of pilot March 2014. Implementation of single integrated plans for children with complex needs Sept 14. Improved choice and range of service enabling children to be supported in their own communities. Reduced use of high cost provision.</p>

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<b>2.2. The interface between early help and statutory child protection work is clearly and effectively differentiated.</b>	Threshold Document to be reviewed, revised and published by the BSCB.	Oct.13	SGU	Document published by BSCB October 13.
<b>2.3. Thresholds for intervention are understood by partners, consistently applied, well embedded, reviewed and updated regularly.</b>	i) Multi-agency training.  ii) Implementation of EH Panel.  iii) Development and launch of CSC QA framework	i) Nov. 13  ii) Sept.13  iii) Sept. 13	i) SGU  ii) EH, Early Years and Children's Centres.  iii) AD	Multi – Agency workshops delivered throughout Nov 13. TOR of EH Panel agreed, membership established, first EH panel by end of Sept. Increased number of support plans via CAF. Reduced demand for statutory social work intervention. High conversion rate of referrals to assessments. Reduced re-referral rate to CSC.  QA framework embedded during 2013. QA framework includes calendar for review of and regular updating of Threshold Document.

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<p><b>2.4. Social work expertise is available to advise and support other professionals in determining the best steps to take next.</b></p>	<p>i) Social work expertise to be available in the Early Help service.</p> <p>ii) Implementation of the MASH</p>	<p>Sept 2013.</p> <p>Sept 13</p>	<p>i) Early Help, Early Years and Children's Centres.</p> <p>ii). AD</p>	<p>Recruitment of social work posts to EH Team to be completed by Sept. 13 Co-located multi-agency team by end Sept 13.</p> <p>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 and services to vulnerable children.</p>
<p><b>2.5. Information sharing between agencies is timely, specific and effective.</b></p>	<p>i) Implementation of Multi-Agency Safeguarding Hub (MASH) and Early Help (EH) Panel.</p> <p>ii) Development of integrated pathway and single integrated plans for children with special and complex needs.</p>	<p>Oct. 13</p> <p>Sept.14</p>	<p>i) Assistant Director.</p> <p>EH/Early years and Children's Centres.</p> <p>ii) Health and Partnerships.</p>	<p>Co-located multi-agency team. Establishment of EH Panel</p> <p>Improved timeliness of decision making, service provision and outcomes for children. Increase number of support plans through CAF. Reduced demand of statutory services.</p> <p>Implementation of integrated pathway and plans.</p> <p>Improved accessibility and coherence of services for those with special and complex needs.</p>

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Likely to be judged 'Good' if:	Action Required	Timescale	Senior Leads	Measures of Progress Measures of Impact
<p><b>3.0. There is timely &amp; effective response to referrals (including out of office hours). Drift &amp; delay are avoided.</b></p>	<p>i) Development of MASH. ii) Establishment of new 'Out of Hours (OOH) Team.' iii) Review of frontline management and social work capacity. iv). Establishment of EH Team and EH Panel.</p>	<p>Sept 13 Sept 13 Sept 13 – Jan 14. Sept 13</p>	<p>i) AD ii) SGU iii) AD iv). EH, Early Years and Children's Centres.</p>	<p>Co-located MASH by end of Sept 13. Recruitment to OOH Team completed by Sept 13. 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.</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>

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Likely to be judged 'Good' if:	Action Required	Timescale	Strategic Lead Officer	Measure of Progress Measure on Impact
<p><b>3.1. Children &amp; Young People who are privately fostered are identified by the local authority in conjunction with partners. Once identified the local authority discharges in full its statutory responsibility to ensure that they are safe &amp; that their health &amp; well being are promoted.</b></p>	<p>i) Develop communication strategy to ensure and raise awareness of Private Fostering of partners and public.</p>	<p>Nov 13</p>	<p>SGU</p>	<p>Communication Strategy to be available to CMT by October 2013 and implemented from November 2013.</p> <p>Increase in the number of known PF arrangements.</p>



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Likely to be judged 'Good' if:	Action Required	Timescale	Strategic Lead Officer	Measure of Progress Measure of Impact
<p><b>3.2. Child protection enquiries are thorough and timely and always led by a qualified and suitably experienced social worker. Findings in relation to significant harm are clear.</b></p>	<p>i) Review capacity, skills and experience of social work staff.</p> <p>ii) Introduce and embed a range of tools to support assessment of risk of significant harm.</p> <p>iii) Introduce and embed a systemised programme of qualitative case audits designed to scrutinise timeliness, thoroughness and quality of child protection enquiries and that the outcomes are clearly recorded in terms of risk of harm.</p> <p>iv) Introduce and embed quality assurance and performance reporting framework which ensures managers are alerted to and can respond to emerging issues and deficiencies in practice and services.</p>	<p>i) Dec 13.</p> <p>ii) Nov 13</p> <p>iii) Sept 13</p> <p>iv) Sept 13</p>	<p>AD</p> <p>SGS</p> <p>AD</p> <p>AD</p>	<p>Review of frontline social work capacity to be completed by Jan 2014 and implemented by April 2014.</p> <p>Tools available to all child protection social workers October 2013.</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>

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Likely to be judged 'Good' if:	Action Required	Timescale	Strategic Lead Officer	Measures of progress Measure of Impact
<p><b>4.0. Decisions are always undertaken by suitably experienced and qualified social workers and managers with decisions clearly recorded.</b></p>	<p>i) Review of frontline management and social work capacity.</p> <p>ii) Workload management policy to be established supporting managers in the allocation of work (volume and complexity) to suitably skilled and experienced social workers.</p> <p>ii) Case supervision policy to be reviewed and re-launched including guidance to managers in the production of consistent quality and kind of recording of case decisions and the supporting rationale.</p>	<p>Sept 12 – Jan 14.</p> <p>Nov 13</p> <p>Oct 13</p>	<p>AD</p> <p>SGS</p> <p>SGS</p>	<p>Review of management capacity to be completed by Sept 13.</p> <p>Implementation of recommendations of review of management capacity by Nov 13.</p> <p>Review of frontline social work capacity to be completed by Jan 2014 and implemented by April 2014.</p> <p>Workload Management policy available to CMT by end of Oct 13 for implementation during Nov 13.</p> <p>Review and re-launch of supervision policy and accompanying guidance to be completed by end of October 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>

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<p><b>4.1. Assessments (including CAF) are always timely, proportionate to risk, informed by research and learning and by the historical context and significant events and address all domains of the local framework for assessment.</b></p>	<p>i) See 3.0 above</p> <p>ii) Access to research provided to all SW's.</p> <p>iii). Ongoing training and 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) October and ongoing</p> <p>iii) Jan 14</p>	<p>AD</p> <p>PP&amp;P</p> <p>PP&amp;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 and by Nov 13 produces a plan to support social workers maintain chronologies on the electronic database. 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>

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<p><b>5.0. Assessments and plans are dynamic and change in the light of emerging risks.</b></p> <p><b>5.1 Plans &amp; services are reviewed &amp; alternative action is taken where the circumstances for children do not change &amp; the risk of harm or actual harm remains.</b></p> <p><b>5.2 Authoritative action is taken where change is not secured and the risk to children intensifies or remains the same.</b></p>	<p>See 1.0 above.</p> <p>Review of Independent Reviewing Officer (IRO) service against requirements of Care Planning regulations (2011) and 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 and young people have a plan informed by a current and 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>

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Likely to be judged 'Good' if:	Action Required	Timescale	Strategic Lead Office	Measures of progress against plan Measure of Impact of actions
<p><b>6.0. Children in need (CIN) &amp; 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 &amp; the appropriate timescales for the child.</b></p>	<p>i) Audit of all CIN cases to ascertain that; All have a plan and that Plans clearly identify the help offered and 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 of Independent Reviewing Officer (IRO) service against requirements of Care Planning regulations (2011) and the recommendations of Ofsted report 'Tackling Change' - June 2013.</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 &amp; 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 and recommendations of audit of CIN cases to be presented to CMT by end of Oct 13.</p> <p>Process for systematic frontline manager review of CIN plans is established by end of Oct 13 and implemented by Nov 13.</p> <p>Recommendations of review of IRO service presented to CMT by December 2013.</p> <p>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 and 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>

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<p><b>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 &amp; protected. Incidents are monitored &amp; multi-agency responses are co-ordinated including through management by MARAC.</b></p>	<p>To be agreed with partners.</p>	<p>Nov 13</p>	<p>AD</p>	