

Appendix 2: Announced inspection – Draft Action Plan

Theme	No.	Issue raised in the report	Report Ref.	Action	Timescale	Responsibility	Progress (RAG)
Quality Of Assessment And Planning	1	Ensure that all assessments clearly identify risk and protective factors	Para 17, 27, 44, 119	<p>Assessments to not be signed off by Team Managers unless risk and protective factors have been clearly identified and assessments show that children have been seen alone and theirs and their families' views have been clearly recorded.</p> <p>Include the heading IDENTIFICATION OF RISKS & PROTECTIVE FACTORS in the Parenting Assessment / Risk Assessment format</p> <p>Direct discussions to take place between Team Managers and Senior Managers to ensure this is in place immediately. Team Managers to remind staff of the requirement and are to discuss the above with their teams in team meetings by the end of April.</p> <p>Case file audit tool to be modified to measure compliance. Themed audit to take place within 6 months to monitor practice.</p> <p>Risk assessment model, to be embedded in NQSW induction programme, induction and reinforced with existing staff.</p> <p>Analysis workshops to take place to improve analytical skills of relevant staff. A rolling programme to be established.</p>	Immediate	Denise Moore	<p>Direct discussions have taken place</p> <p>Case file audit tool modified</p> <p>Risk assessment model embedded</p> <p>Analysis workshops have taken place</p>
	2	Ensure contributions from partner agencies who are involved with the family are included	Para 27, 44	<p>All assessments need to have multi agency contributions and are not to be signed off by managers unless the partner agency contributions are evident.</p> <p>Within the assessment schedule include the name and date information / contributions from partner agencies was received.</p> <p>Case file audit tool to be modified to ensure compliance. Joint audit with health to ensure that multi-agency information is shared for the purposes of assessment</p> <p>All CIN / CP / LAC plans, assessments and other relevant documentation to be signed by partners at core groups / Care Team Meetings / CIN planning meetings and scanned into ESCR.</p> <p>Team Managers will not sign off the above documentation until all signatures from family and professionals are evident on the documents.</p>	Immediate	Denise Moore	<p>Case file audit tool modified</p> <p>Agreement that minute takers for ICPCs will use laptops so that Outline CP plans can be printed and signed</p>
	3	Improve the quality of assessments and recording, ensuring sufficient analysis to inform planning for children and families	Para 17	<p>Develop CSWS standards in all aspects of assessment, planning, monitoring and review which are clear, shared with staff, implemented to a minimum standard and overseen by managers.</p> <p>Case file audit tool to be amended to ensure compliance.</p> <p>Each team to develop good practice file for reference.</p> <p>Themed audit to take place within 6 months to evaluate effectiveness.</p>	<p>June 2012</p> <p>June 2012</p> <p>June 2012</p> <p>December 2012</p>	Denise Moore	<p>Case file audit tool amended</p>

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				<p>Team work shops to take place re quality of assessments and plans, and build on and further develop Analysis workshops.</p> <p>Parenting / Risk Assessment plans will clarify multi agency roles and responsibilities within the assessments and timescales. All assessment plans to be signed off by Team Managers.</p> <p>Participation of child / young person needs to be clearly planned and documented</p>	<p>June 2012</p> <p>June 2012</p> <p>June 2012</p>		
	4	Ensure that all child protection plans are specific and measurable including clear timescales for action	Para 18, 27, 49, 116, 119	<p>New format for Child Protection plans will ensure that they are specific and measurable and show timescales for completion of work.</p> <p>These will be implemented within three months.</p> <p>All plans to be reviewed at Core Group / Care Planning & CIN planning meetings and updates / monitoring & Review to be evidenced.</p> <p>All CP / LAC / CIN plans are to be signed by Team Managers.</p> <p>CP plans in existence for longer than 12 months to be monitored by multi agency CP panel, chaired by Service Manager.</p>	Within 3 months	Denise Moore	Multi-agency OBA event held 1.5.12 to reinforce outcome focussed planning for children
	5	Ensure that all core group discussions are effectively minuted so that progress can be monitored more effectively	Para 18, 27, 52	<p>[See Quality Of Assessment And Planning action 4 above]</p> <p>Develop a template for the recording of Core Group / Looked After Planning / Care Team meetings to ensure minimum standards are consistently achieved (to allow progress and outcomes to be monitored and saved into ESCR)</p> <p>Each team to develop good practice file for reference.</p> <p>Develop a standardised process for ensuring the recording and sharing of the minutes / actions</p> <p>Core Group minutes to be sampled during supervision and through audit work and outcome of this to be fed back to individuals in supervision.</p>	Within 3 months	Denise Moore	
	6	Improve quality of CP conference minutes	Para 49	Work with the Independent Reviewing Manager to improve the quality of the Child Protection minutes by redesigning the structure and content. This would also encompass the concerns raised around the contradictory summary of risk and protective factors.	July 2012	Fiona Brown / Simon Allan	
	7	Recording needs to be up to date, consistently purposeful with detail and clarity	Para 51, 119, 170	<p>Service standards in relation to recording to be re-launched by Team Managers with their teams.</p> <p>Continue to embed Service Standards in relation to recording core practice through induction and professional development of staff.</p> <p>Team Managers through QA processes (e.g. sampling, themed audit and supervision) to ensure compliance in this area.</p>	<p>May 2012</p> <p>Ongoing</p> <p>Ongoing</p>	Denise Moore	

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				Performance management information to be scrutinised by Service Managers weekly in relation to case recording.	Ongoing		
				Regular peer audits to examine quality, standards and timeliness of recording.	June 2012		
	8	Improve the quality and consistency of assessment and planning for Looked after Children	Para 163	<p>Ensure compliance with care planning regulations and meet service standards.</p> <p>Revisit Permanence Planning training for staff</p> <p>Drive up the quality and consistency of assessments to ensure no drift and / or delay in achieving the child's permanence plan.</p> <p>Ensure that plans are signed off by managers and are relevant to the needs of the child.</p> <p>Ensure that plans take into account the timetable for the child.</p> <p>Service managers to establish regular meetings to monitor the progress of Care Proceedings with Legal Services</p> <p>[See also Quality Of Assessment And Planning action 3 above]</p>	<p>May 2012</p> <p>June 2012</p> <p>June 2012</p> <p>June 2012</p> <p>June 2012</p> <p>April 2012</p>	Denise Moore	Meetings in place
	9	Ensure recommendations from statutory reviews are specific and measurable	Para 167	Undertake review of detail of LAC chairperson report recommendations so that they are outcome focussed (Development Day)	June 2012	Beverley Scanlon / Jean Hughes	To be incorporated into the reviewing team quality assurance framework
	10	Improve the quality of case recording for looked after children	Para 170	<p>[See also Quality Of Assessment And Planning action 7 above]</p> <p>Direct work with children and life story work to be scanned into ESCR and placed on child's file.</p> <p>Key worker must be responsible for recording statutory visits and seeking the child's views.</p> <p>Statutory visits need to be compliant with the regulations and the Service Standards and recorded on CCM.</p>	<p>May 2012</p> <p>April 2012</p> <p>April 2012</p>	Denise Moore	
	11	Ensure consistency in the quality of pathway plans	Para 157	<p>Develop and implement a word template for CCM Pathway Plans which is more able to meet the needs of staff and young people.</p> <p>All Pathway Plans to be quality assured and signed by line manager (template adapted to include this). Supervision document to be amended to include this.</p> <p>Development session to be undertaken with staff in relation to completing the plan</p>	<p>July 2012</p> <p>May 2012</p> <p>July 2012</p>	Catherine Joyce	Word document has been developed.
	12	Develop a seamless transition between the personal education and the pathway planning process	Para 157	<p>Implement a LAC Transition Strategic Group with regular meetings between Sunderland Virtual School (SVS) and Leaving Care and Connexions to:</p> <ul style="list-style-type: none"> Develop a Post-16 PEP to reflect the Post-16 Pathway Plan Amend current Key Stage 3-4 PEPs to 	<p>April 2012</p> <p>July 2012</p> <p>April 2012</p>	Catherine Joyce / Janet Murray	

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				<ul style="list-style-type: none"> - include Connexions PA - reflect post-16 learning intentions and plan - career aspirations and careers information, advice and guidance <ul style="list-style-type: none"> • Set up a shared monitoring of Year 11 Destinations • Set up a shared monitoring of Year 12 and 13 Learning Pathway • Implement a Key Stage 4-Post-16 Learning Transition Support Plan for each young person 	May 2012 May 2012 September 2012		
	13	Ensure the electronic system fully supports staff	Para 170	Implement CCM development plan <i>[Service Plan]</i>	July 2012	Steve Fletcher	Work has commenced but progress is slow
	14	Ensure that all assessments take into full account the views of children and families	Para 17, 27, 29, 44, 157, 164	Enable better recording of individual children's views, to develop a "drop down" heading entitled "child's view/families view" on CCM <i>[Peer Challenge Action Plan]</i> Assessments must consider specific needs of the child including cultural; religious; educational; language; disability etc. Team Managers through QA processes (e.g. sampling, themed audit and supervision) to ensure compliance and that minimum standards are met. [See also above]	Immediate	Denise Moore	The views of children and families have been added as a drop down flag on CCM. Managers have spoken to all staff to remind them of their responsibility to: <ul style="list-style-type: none"> - seek the views of the child and family and that this is evidenced on documentation - see the child alone and that this is record
	15	Children must be seen alone, when appropriate and recorded as such	Para 17, 27, 29, 44, 113	[See also Quality Of Assessment And Planning action 14 above] Relevant staff to be reminded of their responsibility to complete this. New documentation to make the evidencing of this work clearer. Drop down menu heading in CCM recording entitled "Child seen alone". Managers need to ensure that children are seen alone and that this is evident in the record. Managers to discuss in supervision/team meetings with staff to re- enforce staff awareness Team Managers through QA processes (e.g. sampling, themed audit and supervision) to ensure compliance.	Immediate	Denise Moore	
	16	Ensure that all looked after children, according to their age and understanding, are seen alone when visited by their social worker and recorded as such	Para 17, 121, 138	[See also Quality Of Assessment And Planning action 15 above]	Immediate	Denise Moore	
Service User Engagement/ Views	1	Ensure that learning from complaints is identified more clearly and used to improve practice across safeguarding and looked after children.	Para 27, 31,	Implement process to ensure issues arising from complaints are used to inform themed audits Complaints Manager to present trends and themes report to SMT on a quarterly basis for discussion and further dissemination to relevant	Within 6 months	Meg Boustead / Bev Boal	

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				team managers and staff Outcomes and implications of individual Stage 2 investigations in form of IO report and adjudication letter to be shared with staff involved in case to enable staff to reflect on their involvement Implementation and feedback process re recommendations action plans to be reviewed and strengthened			
	2	Include children and young people more proactively as representatives on the scrutiny committee	Para 86	Under the City Council's new scrutiny arrangements to be introduced from the 2012/13 Municipal Year, ensure the voice of young people are heard and engagement with the Change Council and other groups are considered where appropriate.	April 2013	Charlotte Burnham / Meg Boustead	
	3	Actively engage the Change Council in the work of the scrutiny committee	Para 151, 174			Charlotte Burnham / Meg Boustead	
	4	Address the concerns of Foster Carers around the future of the assessment and consultation service	Para 127,	Foster carers to be re-assured that the CAMHS Service will still be accessible after reorganisation of referral process	April 2012	Steve Fletcher/ Steve Towers	Reassurance has been sought from NTW that there will be no change in relation to consultation. Fostering officers and the Carers Consultative group (which met in April) have since been informed of this. The service will continue to monitor the situation.
	5	Use learning from feedback to shape services	Para 91	Develop a framework to facilitate the systematic collation and analysis of feedback / consultation / etc and enable consideration of the implications for service improvement at the SSIB, SMT and other appropriate forums	July 2012	Meg Boustead / SMT	
	6	Ensure looked after young people are aware of the Change Council	Para 115, 151	The Change Council to develop an information leaflet to provide to looked after children so that they are aware of the Change Council and have the relevant information to contact them should they choose to do so All key workers of looked after children to ensure young people are aware of the Change Council and have the relevant information to contact them should they choose to do so	June 2012 June 2012	Catherine Joyce Denise Moore	
Health Services	1	NTW NHS Foundation Trust to ensure that revised pathways of care are effectively implemented for children and families who need specialist services from CAMHS.	Para 27	Pathways of care for children and families needing specialist CAMHS services are effectively implemented	Within 3 months	Service Manager CAMHS	AMBER
	2	Strengthen governance arrangements for providing assurance to the STNHSFT on safeguarding practice within Community Health Services	Para 56	Review and strengthen governance arrangements	July 2012	Strategic Safeguarding Lead	AMBER
	3	The sharing of information between police/Children	Para 79	Meeting to be arranged to review feasibility of sharing domestic violence notifications and protocol to be developed if feasible	September 2012	Strategic Safeguarding	AMBER

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		Services and Health to be reviewed in cases of domestic abuse				Lead (STNHSFT) Named Nurse (STNHSFT) DCI Head of Safeguarding Designated Nurse	
	4	Performance indicators to be developed within CHSNHSFT to provide Board assurance on safeguarding practice across the organisation	Para 56	Develop PIs covering supervision, training, referrals, staffing, attendance at meetings – to be incorporated into dashboard reports and reports to board	September 2012	Director of Nursing/SSCB rep for CHSNHSFT Designated Nurse Named Professionals	AMBER
	5	CHSNHSFT to review the line management arrangements and resourcing of the Named Nurse for Safeguarding Children	Para 57	Review current arrangements and align them to the Statutory Guidance WT 2010 & Intercollegiate Guidance 2010	September 2012	Director of Nursing / SSCB rep for CHSNHSFT	AMBER
	6	CHSNHSFT to review the quality of safeguarding training and improve the uptake of level 2 and 3 Safeguarding Children training	Para 58	Effectiveness of training to be reviewed by evaluations/impact on practice – audit of managers Mandate from Director of Nursing re attendance at training	September 2012	Director of Nursing / SSCB rep for CHSNHSFT Named Nurse & Named Doctor	AMBER
	7	CHSNHSFT to provide individual, face-to-face supervision for midwives holding child protection and child in need cases	Para 59	Review of Safeguarding Supervision Policy Safeguarding supervision to be provided in the antenatal and post natal period by the Named Midwife/delegated deputy	December 2012	Director of Nursing/SSCB rep for CHSNHSFT Named Midwife	AMBER
	8	CHSNHSFT to monitor uptake of safeguarding supervision across the organisation	Para 59	To be included in the performance indicators developed	December 2012	Named Nurse Named Midwife	AMBER
	9	CHSNHSFT to ensure a record of safeguarding supervision is documented in the patient's notes	Para 59	Safeguarding supervision policy to be amended	December 2012	Named Nurse Named Midwife	AMBER
	10	CHSNHSFT to review the provision of teenage	Para 67	The pilot within Washington to be continued and evaluated with best practice shared across the city	September 2012	Director of Nursing /	AMBER

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		antenatal clinic across the City				SSCB rep for CHSNHSFT Named Midwife	
	11	CHSNHSFT to fully sign up to the MARAC process and demonstrate consistent representation at the meetings	Para 80, 110	CHSNHSFT to attend MARAC meetings and present their own information after formal "sign up"	July 2012	Director of Nursing / SSCB rep for CHSNHSFT	AMBER
	12	All GP Practices to hold regular, multi-disciplinary meetings with other health professionals to discuss and share information about vulnerable families	Para 61	GPs arrange multi-agency meetings with other health professionals to share information about vulnerable families	September 2012	Named GP Strategic Safeguarding Lead STNHSFT	AMBER
	13	GPs to have greater clarity on information sharing for MARAC	Para 61	All MARAC documentation clearly outlines the legislative framework permitting disclosure of information	July 2012	Named Nurse STNHSFT Named GP Designated Nurse	GREEN
	14	STPCT to monitor the waiting times for accessing tier 2 CAMHS	Para 71	Waiting times for tier 2 CAMHS should be closely observed	September 2012	Contract Manager	AMBER
	15	NTW to ensure pathways of care between early intervention mental health services and CAMHS are clear in view of recent re-structuring	Para 72	Pathways of care should be reviewed and practitioners be reminded of the agreed pathways	September 2012	CAMHS Service Manager	AMBER
	16	CDOP should continue the review of it's structure; the approach to rapid response when a child dies, and how family support is delivered	Para 81	Sub-regional agreement on whether to continue with the steering group. Work to progress on rapid response and family support	September 2012	CDOP Chair	AMBER
	17	Sunderland Teaching Primary Care Trust (STPCT) to identify a designated doctor for children and young people to ensure that a health practitioner is in a position to have a strategic influence and overview on the health of looked after children	Para 113, 121, 122	LAC Service Specification to be agreed and a Designated Dr to be appointed in line with the agreed job description Review role of Designated Nurse during review of service specification to ensure statutory responsibilities are met	Within 3 months	Associate Director of Quality & Patient Safety Medical Director Lead Commissioner	AMBER
	18	Northumberland, Tyne and Wear NHS Foundation Trust to monitor the effectiveness of the new pathways of care for	Para 113, 121, 127	Staff are clear as to how to obtain CAMHS for looked after children	Within 3 months	Service Manager	AMBER

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		looked after children and young people who need services from CAMHS					
	19	STPCT to develop Quality Assurance processes to ensure that health assessments and plans are routinely of good quality and to inform ongoing service development and improvement	Para 124	A programme of audit is agreed to assess quality of health assessments and plans which will identify any areas for development and/or improvement	October 2012	Designated Dr / Designated Nurse - LAC	AMBER
	20	Review the choice of venues offered to LAC for their health reviews	Para 125	Children, young people and the families/carers have a wider range of venues to access health reviews	October 2012	Designated Dr / Designated Nurse - LAC	AMBER
	21	Review how health promotion and advice is delivered to LAC	Para 125	Review current model of provision and amend model in light of national best practice	October 2012	Designated Dr / Designated Nurse - LAC	AMBER
	22	A multi-agency sexual health protocol and care pathway to be developed	Para 129	Development and ratification of a multi agency protocol and awareness raising with practitioners	September 2012	Designated Dr / Designated Nurse – LAC SSCB – Legal and Procedures	AMBER
	23	The local substance misuse screening tool should be routinely used in the annual health reviews	Para 131	All staff to be confident and competent in using the substance misuse screening tool	July 2012	Designated Dr / Designated Nurse - LAC	AMBER
	24	Review how health practitioners can be involved in health reviews and pathway planning	Para 132	Review how all health practitioners, (e.g. Health Visitors, School Nurses and GPs) can support health reviews and pathway planning	September 2012	Designated Dr / Designated Nurse - LAC	AMBER
	25	Review the arrangements for providing a complete health summary to young people when they leave care	Para 132	Ensure young people who are leaving care have access to a complete health summary	September 2012	Designated Dr / Designated Nurse - LAC	AMBER
	26	Ensure the placement pack includes consent forms for health assessments	Para 123	Develop new documentation with ICT	July 2012	Sheila Lough	New documentation is in the process of being developed
Quality Assurance/ Performance Management	1	Strengthen the audit process by ensuring a sharper focus on quality and organisational learning, to drive improvement	Para 17, 21, 102,	Review and improve the quality of the case file audit process [Service Plan]	July 2012	Meg Boustead / SMT	
	2	Review the chairing of conferences to ensure that they are chaired by professionals who have the requisite experience and expertise to undertake this role	Para 27, 103	SSCB ownership re: chairing of CP conferences to be considered by Munro Task and Finish Group [Peer Challenge Action Plan] Establish a SWITCH project to undertake a scoping exercise around the potential for partner agencies to chair CP conferences	Within 3 months	Beverley Scanlon / Jean Hughes	SWITCH project established
	3	The local authority designated	Para 27,	Independent Reviewing Manager to work with the LADO on the	Within 6	Beverley	Meeting achieved May 1 st .

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		officer's (LADO) annual report should include more detailed analysis of activity to ensure senior managers and partner agencies have a good understanding of the effectiveness of the service	32,	production of a detailed outcome based report	months	Scanlon / Jean Hughes	Report June 2012
	4	Reporting of private fostering arrangements should be more robust to ensure that senior managers are able to assure themselves that requirements are met	Para 27, 35	Annual Private fostering report to include relevant data and shared with SMT, CSLT and SSCB.	Within 6 months	Denise Moore	
	5	Review capacity of LADO to ensure investigations are carried out in a timely manner/deal with the increase in referrals	Para 32, 167	Review the LADO's capacity Set up a system to demonstrate/measure the timeliness of investigations to report to SMT and SSCB	July 2012 July 2012	Beverley Scanlon / Jean Hughes	LADO's capacity reviewed and there were no issues LADO annual report will show timeliness
	6	Improve front line management oversight in case records and timely recording of supervision sessions	Para 100, 186	Develop Senior practitioner role to assist front line managers with Quality assurance and performance management. Supervision sessions and decisions made to be recorded on CCM at the time that Supervision is occurring.	March 2013 June 2012	SMT	Currently reviewing the service which will include development of this role. Proposals for taking this forward will be developed by June 2012
	7	Ensure supervisions allow for challenge, reflective practice and learning and ensure that this is evident	Para 92, 116, 186	Service Managers to monitor compliance of supervision through audit. Team Managers to arrange monthly group supervision sessions to reflect on practice, learning and development. This is to be recorded and added to the team file. Documentation to be developed to capture the discussion and outcome of reflective practice sessions. Supervision Agenda to be modified to include the heading Reflection and to identify the cases where this occurred.	June 2012 June 2012 June 2012 June 2012	SMT	
	8	Develop the role of IRO's in the audit process/wider performance management	Para 102, 185	IRO's to be included in monthly case file audits	June 2012	Beverley Scanlon / Jean Hughes	
	9	Ensure that robust and transparent reporting arrangements about the outcomes of Regulation 33 visits are in place	Para 113, 121, 175	Quality Assurance Officer to complete report to go to SMT in May 2012, and annually thereafter, to incorporate into Corporate Parenting Board report	Within 3 months	Beverley Scanlon / Jean Hughes	Held meeting and planned report detail.
	10	Improve quality assurance	Para 116	Review QPR process [Peer Challenge Action Plan] QA framework to be completed during Development Day	February 2012 June 2012	Beverley Scanlon / Jean Hughes	Development day arranged June 20 th .

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	11	Increase the capacity of the IROs	Para 167	Secure additional resources into the IRO Team	May 2012	Beverley Scanlon / Jean Hughes	Recruited two agency workers - one full time, one 3 days Extended part-time IRO hours to full time hours Extended SWITCH project to provide a chairperson for 3 days for a further 12 months Achieved
	12	Continue to improve participation and effective involvement of senior officers and cabinet members in the corporate parenting board	Para 173	Carry out Review of Corporate Parenting Board to enhance member and officer participation	December 2012	Meg Boustead	
Early Intervention/ Partnership Working	1	Improve the appropriate use of CAF as a tool to coordinate preventative services/early intervention provision	Para19, 48	<p>Use the findings of the internal and external reviews of CAF to inform future developments, including the following outstanding actions from the peer challenge action plan:</p> <ul style="list-style-type: none"> Review the governance arrangements for CAF Review information on website in terms of completeness, relevance / up to date and ease of access Review CAF data in terms of availability and also specific areas (e.g. partner involvement as Lead Professional) <ul style="list-style-type: none"> Review CAF data with SPPM Standard report in place for each locality and citywide Review key areas for report Take the findings of the external review and the governance review to SSCB and the Children's Trust <p>Identify and deliver upon actions to address the recommendations arising from the Scrutiny Committee Policy Review of Early Intervention and Locality Services i.e.</p> <p>(a) That the CAF assessment form is reviewed with particular consideration given to a shorter streamlined form which is less onerous to complete;</p> <p>(b) That the option of a dedicated single point of contact for any CAF assessor to contact for support and advice around thresholds prior to completing a full CAF assessment is explored;</p> <p>(c) That the CAF assessment process and threshold are considered for a comprehensive re-launch within Sunderland, following any CAF form redesign, and this is communicated to all stakeholders;</p> <p>(d) That an effective communication strategy is put in place to ensure that future changes to the early intervention offer, CAF assessment process or CAF thresholds can be effectively communicated to all stakeholders including elected Members;</p> <p>(e) That further comprehensive training is made available to key stakeholders to provide a clear understanding of the differentials in thresholds between early intervention support and safeguarding;</p> <p>(f) That the initial CAF assessor is routinely invited to attend the relevant CAF panel meeting in relation to their initial assessment;</p> <p>(g) That locality based teams look to increase their engagement with local partners through the development of more integrated working</p>	<p>September 2012</p> <p>April 2012 July 2012</p> <p>Ongoing</p> <p>September 2012</p> <p>September 2012</p>	Sandra Mitchell / Simone Common	<p>Internal and external reviews of CAF have been undertaken as a result of the Peer Challenge findings. The review process has included a review of best practice in other authorities (including visits to Hertfordshire and Durham). The council is now awaiting the final report from the external review, the findings of which will inform future developments.</p> <p>In addition to the reviews of CAF, the SSCB has reviewed and implemented new thresholds for social care and CAF intervention and support.</p> <p>The CAF process and its purpose, has also been relaunched via the new locality arrangements which are now in place.</p>

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				practices and approaches that promote locality services and the early intervention core offer with local partners and the community; (h) That the development of a specific data set of outcome measures for locality based working and early intervention be undertaken by the Directorate with a particular focus on measuring outcomes; (i) That the Children, Young People and Learning Scrutiny Committee write to the DfE requesting that they look to undertake research into the CAF process across the country; (j) That the actions arising from the recent independent reviews and Ofsted inspections relating to this agenda are combined into a single Action Plan which is monitored by the Children, Young People and Learning Scrutiny Committee.			
	2	Improve the understanding of thresholds for assessment	Para 25, 44	Implement new SSCB threshold document <i>[Service Plan]</i> Develop new Early Intervention Strategy <i>[Peer Challenge Action Plan]</i> Review Thresholds across CP, CIN, CAF <i>[Peer Challenge Action Plan]</i> CAF to be included in SSCB procedures <i>[Peer Challenge Action Plan]</i> Consultation with frontline staff <i>[Peer Challenge Action Plan]</i> Develop Step Up / Step Down Protocol <i>[Peer Challenge Action Plan]</i>	February 2012 February 2012 February 2012 March 2012 June 2012	SSCB	Jointly owned thresholds document agreed and launched February 2012
	3	Ensure that the work of the LADO is understood and that under reporting is addressed	Para 32	LADO to develop rolling programme of awareness raising for schools with a focus on the schools identified as under reporting	June 2012	Beverley Scanlon / Jean Hughes	Meeting to plan achieved May 1 st 2012
Education	1	Ensure that education files include realistic plans and aspirations and that vulnerabilities are recognised and addressed appropriately	Para 53	Provide Designated Teachers with a list of file contents for organising pupils' information Provide individual training programme for Designated Teachers with a focus on quality assurance and the completion of PEPs SVS to offer an auditing service for LAC files to schools Amend PEPs to reflect aspiration and careers, information, advice and guidance information and plans Implement an Induction Training Meeting for Designated Teachers new to post or for DTs in schools where there has been a gap in LAC attending the school [See also Education action 2 below]	July 2012 July 2012 September 2012 April 2012 July 2012	Mike Foster / Janet Murray	
	2	Improve the consistency in the quality of PEPs to ensure they have clear goals and describe expected outcomes	Para 148	Develop a PEP Guidance resource for Designated Teachers Implement an Induction Training Meeting for Designated Teachers new to post or for DTs in schools where there has been a gap in LAC attending the school Ensure that weaknesses or vulnerabilities are reflected in goals and specific, measurable, achievable, realistic targets.	April 2012 July 2012 July 2012	Mike Foster / Janet Murray	

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				SVS staff to monitor PEPs and to meet with DTs where quality of information does not correspond to the PEP Guidance resource	September 2012		
	3	Continue to work towards improving the number of children who take GCSE's and who achieve good GCSE grades in Maths and English	Para 114, 147	<p>Use progression data to target and provide intervention strategies for Key Stage 4 pupils who are underachieving</p> <p>To extend the promotion campaign to schools and carers regarding one-to-one tuition and revision support for Year 11 pupils</p> <p>Prioritise English and Maths and other core subjects in one-to-one tuition and extend tuition programmes</p> <p>Implement presentations to foster carers via the Fostering Service Carers' Training Programme on how to get most out of a Personal Education Plan, qualifications and progression to post-16 learning pathways</p>	<p>April 2012</p> <p>April 2012</p> <p>April 2012</p> <p>July 2012</p>	Mike Foster / Janet Murray	
	4	Continue to reduce the number of fixed term exclusions (FTEs)	Para 146	<p>Set up an Inclusion Strategic Group to include Head of SEN, Headteachers, Headteachers of AEN, Senior Manager of Children's Homes, Deputy Director of Children's Services and Headteacher of SVS to:</p> <ul style="list-style-type: none"> - devise and implement a new Inclusion Forum to share practice and dialogue among schools, children's home staff and other practitioners - promote alternatives to FTE with a focus on short FTEs <p>Where a pupil receives a FTE, implement a trigger system whereby a school is contacted to discuss</p> <p>SVS to prioritise attendance at re-integration meetings</p> <p>Set up termly meetings with Intelligence and Performance Team to ensure accuracy in recording and statistics</p> <p>Review Inclusion Framework to implement Rapid Response for attendance and behaviour issues</p> <p>Contact schools and ensure that excluded pupils have access to school work during FTE</p> <p>Promote Behaviour for Learning Support programme as part of the Inclusion Framework for pupils at risk of exclusion</p> <p>Monitor pupils who are at risk of exclusion using the RAG Rating and information provided on PEP</p> <p>Prioritise pupils who are at risk of FTEs for targeted intervention and support</p>	<p>April 2012</p> <p>April 2012</p> <p>September 2012</p> <p>July 2012</p> <p>April 2012</p> <p>April 2012</p> <p>April 2012</p> <p>April 2012</p> <p>April 2012</p>	Mike Foster / Janet Murray	
Workforce	1	Ensure, as far as is practically possible, that the ethnicity of all staff is known so that the	Para 27, 88	Write to all employees to ask them to consider the information we hold and update. This will include their ethnicity	Within 3 months	Sue Stanhope / Marie Hunter	

Theme	No.	Issue raised in the report	Report Ref.	Action	Timescale	Responsibility	Progress (RAG)
		local authority can evaluate accurately whether the workforce reflects the diversity of the local population					
	2	Ensure all staff files comply with the Safer Recruitment standards	Para 33	Process and documentation within Shared Service Centre to be reviewed and internal systems put into place to ensure all relevant information is in place Ensure during all recruitment (both internal and external) that the service adheres to the policies, procedures and processes required by safer recruitment standards	April 2012 Ongoing	Marie Hunter SMT	The process & documentation has been reviewed & an internal system put in place to ensure all relevant information is in place
	3	Ensure children can develop sustained relationships with social workers by continuing to address the historical reliance on agency and temporary staff.	Para 169	Continue to implement and monitor the effectiveness of the Recruitment and Retention Strategy Develop and implement a new Munro compliant service delivery model for children's safeguarding [Service Plan]	Ongoing March 2013	Meg Boustead	
	4	Continue to develop the skills of foster carers and residential staff	Para 183	Continue to develop the skills of foster carers through the existing foster carer training programme and foster carer personal development plans. Continue to use foster carer reviews and supervision to monitor opportunities for career progression. Continue to develop the skills of residential staff through the existing training programme and individual residential home training plans. Continue to use staff supervision and appraisal to monitor this.	Ongoing Ongoing Ongoing Ongoing	Steve Fletcher	
Offending	1	Continue to work on reducing the number of looked after children cautioned or convicted	Para 152	Develop the arrest diversion Pathfinder. Develop the Families Team to prevent children from entering the criminal justice system.	Ongoing Ongoing	Louise Hill	

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