

**Cambridgeshire County Council Action Plan following ILACS Inspection  
May 2019**

<b>Priority 1: Improve the capacity of social work teams to complete work to a consistently good standard and to ensure that children and families receive the help they need as quickly as possible.</b>			
<b>Lead[s]</b>	<b>Deadline</b>	<b>Indicator</b>	<b>Target</b>
<b>Objective: To increase the proportion of the establishment of social workers and team managers who are permanent employees</b>			
<b>Sarah-Jane Smedmor/ Karen Tolond</b>	<b>December 2019</b>	Schedule further recruitment days across the county	To achieve a minimum of 80% of qualified social worker and front line team manager posts by end of calendar year
<b>Sarah-Jane Smedmor, Caroline Adu-Bonsra</b>	<b>June 2019</b>	Joint recruitment campaign with adults services to target specialist, quality workers in conjunction with CPL	Increase in applications for qualified and alternatively qualified staff
<b>Lou Williams &amp; Karen Tolond</b>	<b>July 2019</b>	Review recruitment and retention incentives for harder to fill posts and/or locations	Options to be presented to Children and Young People's Committee July 2019 for agreement in principle
<b>Sarah-Jane Smedmor, Caroline Adu-Bonsra</b>	<b>July 2019</b>	Improve planning around student, ASYE and apprenticeship activity	'Grow our own' Strategy to be in place with individuals working their way through the pipeline by close of 2019/20
<b>Objective: Reduce caseloads in all teams to a maximum of 20 cases per worker across the service, or up to 25 in assessment teams</b>			
<b>Sarah-Jane Smedmor and heads of service</b>	<b>July 2019</b>	Establish robust monitoring measures to ensure caseloads are kept to target	Caseloads in children's teams [including children in care teams] to be no more than 20 per FTE and assessment teams no more than an average of 25 children per FTE
		Ensure that children's practitioners are	

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		fully inducted and able to work with children in need under appropriate supervision	
		Keep thresholds at each transition/escalation point under review to ensure that children continue to meet threshold and drift is avoided	Child in Need cases to be reviewed regularly with aim that no child should be open as CIN for more than 12 months
		Maintain regular programme of timely case closure and stepping down, supported by DSMs and business support	Caseloads held by teams to be reviewed regularly by team managers and District Safeguarding Managers
		Recruitment and retention of staff as above to ensure a fuller complement of practitioners in each team	
		Performance meeting and children's services leadership team to continually monitor caseload numbers and activity	
Objective: Ensure consistent high standards of monitoring quality of practice and compliance with statutory requirements			
Sarah-Jane Smedmor / Alison Bennett	May 2019	The Quality Assurance Service has launched a revised Quality Assurance Framework which includes an annual audit programme, managers audit and periodic thematic reviews	All managers have a view of the quality of practice across the service as evidenced by minimum 80% compliance with management audits
	Ongoing	Monthly 'Improving Performance Meetings' put in place for all service areas to monitor compliance and quality of practice	Managers have increased accountability for quality of practice within their area of responsibility; Quality of practice improves across the service

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Lead[s]	Deadline	Indicator	Target
Sarah-Jane Smedmor and Fiona Van Den Hout	September 2019	The fostering service will have a new audit programme in place that will ensure compliance with National Minimum Standards and Fostering Regulations	Managers better understand the complexity of work within the service and can plan accordingly
<b>Objective: Create targeted training and mentoring programme in teams (to include children's practitioners, AYSEs, overseas workers and clinical psychologists)</b>			
Sarah-Jane Smedmor, and Karen Roland	July 2019	Each service will have a service-specific targeted training and mentoring programme	100% of the workforce will have a targeted training plan and can evidence discussion in staff supervision/ appraisal targets

Priority 2: Improve the consistency and quality of direct work undertaken with children, and how well this is used to inform help and support for them and their families.			
Lead[s]	Deadline	Indicator	Target
<b>Objective: Direct work recording to be accurate, up to date and reflect the child's views, wishes, feelings and lived experiences. Assessments and Care Plans evidence the impact of the child's voice and lived experience.</b>			
Heads of Service / Alison Bennett	Quarterly	Team managers to ensure that all staff understand the importance of recording direct work with children, discussing and recording the lived experience and voice of the child in supervision.	All direct work undertaken is purposeful and meaningful and informs the help and support given to children and their families.

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Lead[s]	Deadline	Indicator	Target
		Team Managers to sign off assessments, plans and so on only when child's voice and lived experience are clearly evidenced.	Direct work completed and its impact is clearly evidenced as informing assessment and care planning.
		PQA to dip sample and audit to show improved and consistent recording and a good understanding of the child's lived experience	Regular case file audits by managers and dip sampling/thematic audits by QA show improved and consistent recording of child's voice and lived experience.
Objective: All social workers have the skills and tools for direct work to gain a clear understanding of children's lived experience, which is evidenced in assessment and planning.			
Alison Bennett / Sarah-Jane Smedmor	July 2019 and on-going programme to ensure embedded	QA and Workforce Development work together to ensure that there is a comprehensive offer of regular training sessions; practice workshops; audit drop ins; quick guides and tools that support this area of practice	All Social Workers access training, workshops and tools according to their individual identified needs to enhance their skills and practice in this area
			Training programme to be reviewed to ensure regular practice workshops / training sessions throughout the year to cover children's lived experience
LiquidLogic delivery team	October 2019	Implementation of LiquidLogic and associated new templates	Will support better quality recording and reduce amount of time spent inputting information
Objective: Ensure that children most at risk of poor outcomes benefit from multi-disciplinary outcome focused plans			
Sarah-Jane Smedmor/ Lou Williams	December 2019	Implementation of Family Safeguarding Model including: <ul style="list-style-type: none"><li>Diagnostic test and review of CIN and CP Activity;</li></ul>	Children living in high-risk family situations benefit from support to whole family, with parents accessing support from relevant adult practitioners to address the issues they are facing
			All key practitioners trained in

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		<ul style="list-style-type: none"> <li>Implementation of the model including recruitment of adult facing practitioners and models of intervention including Motivational Interviewing</li> </ul>	Motivational Interviewing and adult facing practitioners recruited by close of December 2019. Consistent use of workbook and intervention programmes evident.
Objective: Improve assessment of parenting capacity			
Sarah-Jane Smedmor/ Heads of Service/ QA Servic	Quarterly	Workshops to be rolled out to all staff in relation to best practice in the development of comprehensive parenting capacity assessments. This will include the use of tools such as risk assessments for adults, the Graded Care Profile, DA tools and evidencing consideration the main factors likely to impact on parenting capacity, for example adult mental health	Regular audits/dip sampling evidences improved assessment of parenting capacity. All practitioners able to undertake the appropriate assessments with adults to address their parenting capacity in timeframes appropriate for their children

Priority 3: Improve the frequency, quality and impact of management supervision of social work practice.			
Lead[s]	Deadline	Indicator	Target
Objective: Improve the quality of supervision and management oversight following allocation of cases and work to ensure plans are progressed in a timely and effective way			
Sarah Jane Smedmor	From May 2019	All Social Workers receive case supervision on each of their cases at least once every 4 weeks.	Target 85% Case supervision undertaken at least once every 4 weeks
			100% of case supervision evidences reflective practice on cases
All Heads of Service		Manager's Development Plan to develop recording skills and reflective supervision. 'Group work' sessions to be undertaken with all managers	Children's plans are clear and timely with permanence as the main aim
All Heads of Service		All managers undertake monthly monitoring of the frequency of case supervision	HOS monitor supervisions for quality and frequency within their services
Alison Bennett		PQA complete annual supervision survey and disseminate findings	QA audits evidence reflective supervision recorded within case files
			Supervision tool for tracking and dip sampling frequency and quality of supervision is in place.
Objective: Ensure consistent high standards of monitoring quality of practice and compliance with statutory requirements			
Alison Bennett	May 2019	QA Framework includes an annual audit programme, manager's audit and periodic thematic reviews.	All managers have a view of the quality of practice across the service as evidenced by minimum 80% compliance with management audits.
		Audit of the quality and effectiveness of supervision is also part of the annual audit programme.	Managers have increased accountability for quality of practice within their area of responsibility
		Annual Social Work Health Check will be carried out, with the results feeding	Quality of practice improves across the service and managers have a better

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		in to action plans	understanding of the complexity of work within the service and can plan accordingly
<b>Sarah-Jane Smedmor / Alison Bennett</b>	<b>May 2019</b>	Monthly 'Improving Performance Meetings' put in place for all service areas to monitor compliance and quality of practice	Heads of service to respond to any escalations from the QA service and address themes in training and service plans
<b>Heads of Service</b>	<b>May 2019</b>	Team Managers and DSMs will use data proactively to ensure that practice expectations and statutory timescales are met	Children are seen at least in line with statutory requirements.
			Plans will progress without drift and delay

Priority 4: Improve the effectiveness of arrangements to promote health and education and to secure permanence for children in care.			
Lead[s]	Deadline	Indicator	Target
Objective: Improve timeliness of initial health assessments, dental checks and immunisations			
Heads of Service	From May and On-going	Team Managers ensure that all staff are aware of the practice expectations in this area	All children looked after receive timely health assessments, optician checks and dental checks and immunisations have been scheduled
Heads of Service		Clear administrative processes are put in place to support workers with ensuring timeliness of evidence on child's record	Health Child Programme performance reporting shows steady and maintained improvement in performance in respect of health monitoring
Alison Bennett		Reviewing Officers to check compliance with health checks at each Review	Audits show evidence of timely health information on files
Fiona van den Hout, CCG		Joint LAC Health and SW team address process and system delays through regular performance clinics	Good performance in terms of timeliness is maintained, including in relation to health assessments for children out of county
Objective: Ensure all children in care and care leavers are aware of their health history, rights and entitlements			
Fiona van den Hout, Julia Franklin, CCS Deborah Spencer, CCG	July 2019	Create new health passport and procedures relating to its use	All children looked after aged 16 and over will have a health passport and are confident of their rights and entitlements
		Develop current rights entitlements leaflets and procedures around their use	Survey results show young people understand understanding and use of their health history
			Health audits evidence that the health passport is addressed at review health assessments.



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Lead[s]	Deadline	Indicator	Target
Objective: Ring-fence apprenticeships for CiC and care leavers which will support the Council's corporate parenting responsibilities and the local offer for care leavers requirements			
Heads of Service / HR Fiona Van Den Hout Kate Knight	September 2019	Develop a specialist post to work with children in care and young people leaving care to increase and encourage access to education, employment and training	Preparing young people to be ready to consider undertaking apprenticeships will be included within each pathway plan
Claire Hiorns Virtual School		Virtual school to work in collaboration with children in care and participation teams to identify apprenticeship opportunities	
Objective: Enhance work with young people to identify their career aspirations			
Heads of Service Fiona Van Den Hout / Head of Virtual School Claire Hiorns	July 2019	Complete regular aspiration audit and ensure that all children and young people have outcome focused individual plans in place	Majority of young people engaged with at least one opportunity
			Findings from aspiration audit for young people informs their tailored support packages
			PEP's include career aspirations and actions to support achievement
Objective: Work with schools and other providers to ensure children and young people in care have access to the bespoke support they need to achieve their aspirations			
Claire Hiorns Virtual School	September 2019	Reorganisation of the VS team to enable support both for individual CYP and advisory visits to inform whole school practice	The overall percentage of PEPs rated green is measured termly and increases from December 2019 to 90% by July 2020
	June 2019	Creation of data dashboard to support prioritisation of CYP in need of support and to identify support needed at a	There is a reduction in the number of PEPs rated red from December 2019 to July 2020 to less than 10%

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Lead[s]	Deadline	Indicator	Target
		school/provider level	Where focused school visits take place, there is an increase in the number of PEPs rated as green and / or amber
	September 2019	PEP streamlined to make best use of data, pupil voice, attainment and progress data and attendance to inform SMART targets and pupil premium plus (PPP) spending	Training evaluations demonstrate an increase in foster carer and social worker confidence in the PEP process and in their confidence in providing challenge at PEP meetings
	July 2020	Training is offered to designated teachers to empower them in their role as champion for children in care	Training evaluations demonstrate an increased understanding of the DT in the supporting children and young people to meet their aspirations
	May 2020	Training offered to social workers and foster carers on the PEP process and on realistic expectations of schools so that they feel able to offer challenge in PEP meetings	Social workers are able to champion the aspirations of children in care in their educational settings.
	September 2019	Review of PPP policy to include all money to be applied for based on priorities identified in PEP	Specific projects funded by retained PPP show clear evidence of impact against set success criteria.
	September 2019	Review of retained PPP to enable larger scale projects, including appointment of Educational Psychologist to the VS team	Ensure that children in care are able to access specialist support with learning without delay.
<b>Objective: Further work with Corporate Parenting Committee to ensure that representation by CICC and the Care Leavers continues to be a strong theme in their work</b>			
Fiona Van Den Hout	Ongoing	Maintain and build on new links with the CIC; YP to be supported to attend	Improvement in young people's attendance at key committee meetings

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Lead[s]	Deadline	Indicator	Target
		meetings	and forums
<b>Objective: Ensure health care planning; education planning and permanence planning informs Care Plans and Pathway Plans for children and young people in care</b>			
<b>Sarah-Jane Smedmor</b>	<b>June 2019 and ongoing</b>	Workshops are delivered to staff to support development of skills in creating Care Plans and Pathway Plans that reflect accurate and up-to-date assessed needs in relation to health and education, and set out the plans for permanence in the Child's timescale	100% Care Plans and Pathway Plans reflect up-to-date and accurate assessed needs for health, education and permanence.
<b>Heads of Service</b>	<b>May 2019</b>	Team Managers ensure that all plans include clear consideration of the child's voice and lived experience	
<b>Alison Bennett</b>	<b>May 2019 and ongoing</b>	IROs escalate care plan shortfalls for management oversight and remedial actions	100% case escalations by IROs are resolved
<b>Alison Bennett</b>	<b>Audits completed as part of rolling audit and QA framework</b>	The QA service audits of the quality and effectiveness of health plans; education plans; permanence planning and Care / Pathway Plans are part of the annual audit programme and management audit process	
<b>Alison Bennett</b>	<b>From May 2019 and ongoing</b>	The QA Service provide workshops; audit drop ins, and practice tools such as quick guides to support this area of practice.	
<b>Sarah-Jane Smedmor</b>	<b>May 2019</b>	Permanency tracker is developed and monitored by DSMs and Heads of Service to ensure effective care	Effective permanency tracker in place and used to track progress of children's plans

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		planning is embedded across the service.	