

APPENDIX 2

Outcome	We will:	Lead	Success criteria
1. Ensure that statutory Child Protection (CP) guidance is followed on all strategy discussions and section 47 enquiries leading to a comprehensive assessment of risk and effective information sharing.	1.1 Ensure Group Manager (GM) sign off of all completed S47 enquiries	Fiona Van Den Hout (Head of Children in Need (CIN)/ Rebecca Wilshire (Head of Children's Social Care Access)	1.1 Audits will evidence CP guidance was used in all strategy discussions and section 47 enquiries. Ongoing. Performance data will provide evidence for timely responses. Ongoing.
	1.2 Provide GMs and Heads of Service (HOS) with weekly management information relating to strategy discussions.	Fiona Van Den Hout (Head of Children in Need (CIN)/ Rebecca Wilshire (Head of Children's Social Care Access)	1.2 GMs and HOS will have timely access to strategy discussion management information Bi-monthly reports by GMs will evidence completed S47 enquiries. Ongoing.
	1.3 Analyse management information relating to late assessments and visits, and use it to inform risk assessment process Ensure GM and HOS challenge concerns identified from data	Fiona Van Den Hout (Head of Children in Need (CIN)/ Rebecca Wilshire (Head of Children's Social Care Access)	1.3 Risk assessments will be comprehensive and take account of all available information Staff will be well-trained and competent in completing Risk Assessments Unit meetings will explore risk Monitored through audit process. Ongoing
	1.4 Alert Safeguarding and Standards Unit (SASU) to any potential Initial Child Protection Conferences (ICPCs) immediately after strategy discussion	Fiona Van Den Hout (Head of CIN) / Rebecca Wilshire (Head of Children's Social Care Access)/	1.4 All ICPCs will be held within 15 working days as evidenced by performance data. Ongoing

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		Sarah Jane Smedmor (Head of SASU)	
	<p>1.5 Incorporate the S47 outcome form into the single assessment</p> <p>Make further changes to reduce/ streamline paperwork</p> <p>Ensure all Strats and S47s are completed within timely and no delay</p>	<p>Fiona Van Den Hout (Head of CIN) / Rebecca Wilshire (Head of Children's Social Care Access)/ Sarah Jane Smedmor (Head of SASU)</p>	<p>1.5 Streamlined paperwork processes to be presented to Children's Social Care Management Team (CSCMT) and subsequently adopted</p> <p>Include strats and S47s in to the Unit Workload Management Tool so that data will evidence delay and drift should it occur</p>
	1.6 Reinforce the principle of multi-agency involvement in all strategy discussions and S47 enquiries through comms to all CSW/GMs and through management team and CSW/HOS meetings	<p>Fiona Van Den Hout (Head of CIN) / Rebecca Wilshire (Head of Children's Social Care Access)/ Cathy Smith (Integrated Access Team (IAT) Manager)</p>	<p>1.6 All CSW/GM aware of expectations around strategy discussion including multi-agency involvement</p> <p>Audit process will evidence where strategy discussions are multi-agency. Ongoing.</p>
	1.7 Develop a Multi-agency Safeguarding Hub (MASH) to ensure core agencies are involved in strategy discussion	<p>Fiona Van Den Hout (Head of CIN) / Rebecca Wilshire (Head of Children's Social Care Access)/ Cathy Smith (Integrated Access Team (IAT) Manager)</p>	1.7 MASH established. Complete.
	1.8 Ensure all relevant staff have completed CP training	<p>Fiona Van Den Hout (Head of CIN) / Rebecca Wilshire (Head of Children's Social Care Access)/</p>	<p>1.8 CP guidance is incorporated into the relevant training delivered by WFDT.</p> <p>Relevant staff are identified and trained by March 2015</p>

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		Cathy Smith (Integrated Access Team (IAT) Manager)/ Paul Evans (Head of Workforce Development)	
2 Ensure that child protection (CP) and child in need plans (CIN) are specific and measurable, focus on key needs and risks and include robust contingency arrangements that are understood by parents as well as professionals.	2.1 Audit CP and CIN plans on a monthly basis, triangulated by supervision by SASU	Sarah Jane Smedmor (Head of SASU)	2.1 Audits will provide evidence that CP and CIN plans are focussed on the best outcomes for children. Ongoing,
	2.2 Overhaul ICS exemplars for CP and CIN plans and meeting minutes to allow for SMART plans	Sarah Jane Smedmor (Head of SASU)	2.2 Audits will evidence that CP and CIN plans are SMART. Ongoing.
	2.3 Work with other Eastern Region Local Authorities, LSCB and Ofsted to define good practice in relation to CP plans	Sarah Jane Smedmor (Head of SASU)	2.3 Good practice will be documented and applied to all CP/CIN plans. Ongoing.
	2.4 Involve parents in development of CP/CIN plans	Fiona Van Den Hout (Head of CIN) / Rebecca Wilshire (Head of Children's Social Care Access)/ Sarah Jane Smedmor (Head of SASU)	2.4 Audit will demonstrate that plans are accessible to non-professionals. Ongoing.
3 Ensure that assessments analyse and focus on the child's individual experience and needs, in particular evidencing	3.1 Develop a Cultural Competence training programme, based on identified learning objectives to be delivered to relevant staff across CSC and E&P	Paul Evans (Head of Workforce Development)	3.1 Appraisal process will identify which staff require Cultural Competence training, to be completed by August 2015. Audit will evidence that assessments demonstrate a meaningful consideration of religious, ethnic or cultural needs

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meaningful consideration of the child's religious, ethnic or cultural needs and how these are going to be	3.2 Add Anti-Discriminatory Practice (ADP) to Unit meeting agendas as a standalone item to ensure it is considered as part of the discussion	Fiona Van Den Hout (Head of CIN)	3.2 Unit Meetings will explore ADP fortnightly Timescale: 10 November 2014
	3.3 Ensure all single assessments and all CAFs where a locality worker is the lead professional are quality assured	All HOS	3.3 Audit of assessments and Case File Reviews will evidence compliance with agreed practice. Ongoing.
	3.4 Ensure staff are aware of how to access interpretation services and where this could add value.	All HOS	3.4 Interpretation services will be used in cases where this is considered beneficial. Ongoing.
4. Ensure that when decisions are made to close a case, the decision is supported by a robust assessment and that any identified need has led to a direct offer of support.	4.1 Ensure GM oversees and agrees all cases in CIN prior to closure and rationale is evidenced on child's electronic record. Ensure all locality cases have a clear reason for referral recorded as well as progress recorded at closure, reasons for closure and any further support recommended Ensure all cases closed in Access include an in-depth closure summary, rationale for closure and link to MOSI, to be overseen by CSW	Fiona Van Den Hout (Head of CIN) / Rebecca Wilshire (Head of Children's Social Care Access)/	4.1 Ongoing checks on all CIN closures by GMs. Audit will provide evidence of compliance in all cases through the QA programme.
	4.2 Define and document clearer processes in relation to commencing Single Assessments at point of referral.	Cathy Smith (IAT Manager)	4.2 Performance information will evidence compliance. Ongoing.

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5. Ensure that chronologies are consistently used to support assessments and enable social workers to recognise the cumulative impact of abuse on children, including the impact of neglect	5.1 Ensure every Single Assessment includes a chronology	All Children's Social Care HOS	5.1 Monitored through audit process. Ongoing.
	5.2 Ensure every threshold decision from IAT includes a chronology.	Cathy Smith (IAT Manager)	5.2 Monitored through audit process. Ongoing.
	5.3 Review One system and implement developments to improve Chronology including practice guidance on how to maximise potential of system	Elaine Petch (Head of Children's Social Work)	5.3 Progress to be overseen by the Social Care Information Systems (SCIS) task group. Staff will be competent in using full functionality of One System as evidenced by audit
6. Consider advocacy for all children who attend child protection conferences, in order to better understand their experiences and ensure their wishes and feelings are reflected in child protection plans made for them	6.1 Ensure all Conference requests include consideration of the use of the National Youth Advocacy Service (NYAS) SASU conference convener to confirm with Social Worker (SW) by email that NYAS has been considered	All Children's Social Care HOS	6.1 Audit to evidence consideration of NYAS in all Conference requests. Ongoing.
	6.2 Ensure wishes and feelings are reflected in CP plans	All Children's Social Care HOS	6.2 Monitoring within SASU will provide evidence. Ongoing.
7. Ensure that pathway planning has a	7.1 Improve the Pathway Planning (PWP) template, ensuring that plans	Claire Betteridge (Group Manager LAC)/ Teresa	7.1 New template will be applied to all pathway plan development. Audit will

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greater focus on measurable, accountable and timely planning, concentrating particularly on engaging young people in education, employment and training where they are disengaged. Update pathway plans at least every six months.	are individualised, action-focussed and have smarter targets	McMillan (18-25 Team Manager) / Michelle Dean (Participation Manager)	evidence measurable, accountable and timely planning.
	7.2 Establish a working group which includes Care Leavers to develop a more effective and interactive Pathway plan which will have a particular focus on promoting Education, Employment or Training (EET) opportunities	Claire Betteridge (Group Manager LAC)/ Teresa McMillan (18-25 Team Manager) / Michelle Dean (Participation Manager)	7.2 Pathway Plans (PWP) for young people aged 16+ produced in partnership with young people and is a plan which they understand. (SW Units, 18-25 Team) Focus on ETE and aspirations for the future especially for 14+ years will be identified in PWPs with specific actions which can be realised. (SW Units, 18-25 Team) PWPs quality assured and monitored through ESLAC in year 12 and 13; LAC reviews under 18yrs and audit
	7.3 Ensure all relevant staff are trained in PWP	Paul Evans (Head of Workforce Development)	7.3 Audit of pathway plans will evidence plans with a focus on engagement in education, employment and training.
	7.4 Ensure all LAC have a current Single Assessment. Draft policy statement clarifying when a Single Assessment will be undertaken for LAC and care leavers	Tracy Collins (Head of LAC)	7.4 Permanent LAC have an up-to-date Single Assessment which reflects changes in circumstances (e.g. request for escalation of resource, placement disruption) and which will inform the young people care plan or PWP.
	7.5 Work to promote aspiration and options for transition to Post 16 for LAC, allocating additional capacity	Tracy Collins (Head of LAC) /Jo Pallett (Head of Virtual School)	7.5 Proportion of care leavers at 19 years of age is in line with the median for our statistical neighbours (2015) and in the

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	and liaising with care leavers and 18 plus workers to provide focussed uninterrupted educational support.		upper quartile (2016).
	7.6 Establish a new sub-group of the Learning & Skills operational group to focus on vulnerable/targeted groups including LAC	Sarah Tabbitt (Area Manager: Localities and Partnerships)	7.6 Improved numbers of young people remaining in FE and HE Improved numbers going to Higher Education. Increase in take-up of Traineeships and Apprenticeships
	7.7 Implement the learning from Personal Education Plans (PEP) audit (May 2014) to improve the quality of PEPs with a focus on progress and outcomes, especially for LAC from Year 9 onwards.	Tracy Collins (Head of LAC) /Jo Pallett (Head of Virtual School)	7.7 Redesigned PEP incorporating all issues raised in Audit in use from January 2015. Targeted focus on progress and impact of Pupil Premium Plus funding.
	7.8 Increase focus on promoting ETE opportunities for Care Leavers.	Tracy Collins (Head of LAC) /Jo Pallett (Head of Virtual School)	7.8 From September 2014 ETE Coordinator to identify Young Care Leavers who are Not in Education, Employment or Training (NEET) and work with localities, Jobcentre Plus, Apprenticeship programme on identifying opportunities and support young people onto the next step of either training or employment. Develop opportunities provided by Area Inclusion Youth Workers.

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8. Strengthen adherence to the protocol to ensure housing providers are working together with children's social care to support vulnerable young people when they present as homeless.	8.1 Provide challenge to housing providers and track young people as presenting homeless	Rebecca Wilshire (Head of Children's Social Care Access) / Tracy Collins (Head of LAC)	8.1 Quarterly review meetings between CSC and Housing providers will ensure numbers of care leavers placed in B&Bs is negligible. Ongoing.
	8.2 Develop a social care/ locality protocol for homeless assessments, preventative work and joint work with housing	Rebecca Wilshire (Head of Children's Social Care Access)	8.2 Protocol will be disseminated and embedded into practice
	8.3 Ensure any homeless young person being placed in B&B has agreement from the HOS and Service Director	Tracy Collins (Head of LAC)	8.3 Weekly monitoring by the Executive Director will ensure protocol is being followed. Ongoing.
	8.4 Ensure that all District Chief Executives are aware of the need to ensure adherence to the new revised Homeless protocol through discussion at CPSB	Mark Lloyd (Chief Executive)	8.4 District Councils will all follow new protocol.
9. Ensure that social workers' skills and development needs are sufficiently explored and translated into individual professional development plans.	9.1 Use the existing Appraisal and Supervision structure to identify skills and development needs in order to inform the Workforce Development Strategy	Paul Evans (Head of Workforce Development)	9.1 We will have a clear assessment of the skills and development needs of our staff.
	Use the UDP and review to ensure unit has sufficient skills and knowledge for practice requirements	Elaine Petch (Head of Children's Social Work)	We will have a clear assessment of the development needs of the unit

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	9.2 Review the Workforce Development Strategy to ensure that training offered meets the specific training needs identified through appraisals and supervision	Paul Evans (Head of Workforce Development)	9.2 Completed needs analysis skills audit will inform focus for Workforce Development offer
	9.3 Develop professional pathways for newly qualified Social Workers (ASYE), Social Workers, Consultant Social Workers (CSW) and Group Managers	Paul Evans (Head of Workforce Development)	9.3 All staff will be confident and competent in carrying out their role.
	9.4 Explore links with Higher Education Institutions (HEIs) to ensure appropriate accreditation and potentially establish a Cambridgeshire Academy.	Paul Evans (Head of Workforce Development)	9.4 Training if appropriate will be externally accredited and validated.
	9.5 Ensure that all staff go through the annual appraisal process and that they have a completed CPD Plan	All HOS	9.5 Supervision system will allow for regular review and refresh of CPD Plans.
10. Establish new Governance arrangements to provide scrutiny and oversight of continued improvement activity	10.1 Establish a Next Steps Board and Team to ensure continued focus on areas for improvement	Nicola Dear (QA and Improvement Manager)	10.1 Transition from Improvement Board to Next Steps Board agreed at September meeting. First Next Steps Board to take place in November 2014. Complete.