



Children's Services Improvement Plan and Performance Update July 2017

Improvement Plan Highlight Report

Progress to June 15th, 2017

Complete	5	Green	9	Amber	4	Red	0
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Delivery of the Improvement Plan is on track, with 13 Recommendations remaining in progress. For these recommendations, nine are RAG rated as GREEN and four AMBER. Actions are in hand to ensure that these are all delivered within the timescales identified.

Key Successes

All actions to Improve the quality and consistency of social work reports to child protection conferences are complete. A standard template is now part of the Liquid Logic system and this has greatly improved the quality of the reports and subsequently the quality assurance oversight.

Improved reporting on missing to other local authorities has seen positive diversionary action taken. Performance has improved and the proactive work by other authorities has seen an improvement in the number of missing episodes.

There is improvement around IRO rigour and challenge in respect of practice and the robustness of plans for looked after children.

Recruitment of permanent staff has reduced the vacancy rates from 37% at the end of February 2017. When all appointments are made by the end of June 2017 the vacancy rate will be 13%.

Actions to address the 18 Recommendations made by Ofsted in September 2015 focused on developing and creating processes and environments to deliver improvements which will result in better outcomes for children, young people and families through improved social work and better management oversight. The next step is to review the Improvement Plan to identify further actions which will embed and strengthen these improvements across Children's Services to ensure the recommendations are 'business as usual' activity for thriving services that keeping children and young people safe; as well as delivering the best possible outcomes.

Children's Services Improvement Plan – June 2017 Progress Report

At the time of this update, progress on the 18 recommendations demonstrates that:

- 5 are completed and now Business As Usual Activity
- 0 are RAG rated as Red
- 4 are RAG rated as AMBER
- 9 are RAG rated as GREEN

	Progress	Confidence
Completed	Actions completed or PI target achieved	Completed / target achieved / outcome delivered
Red	Actions / PIs not on track and remedial action is required	Limited confidence that progress will be delivered on time
Amber	Actions / PIs not on track but actions in hand can address slippage	Reasonable confidence that progress will be delivered on time
Green	Actions / PIs on track and will be delivered in time	Confident that progress will be delivered on time

The table below gives a short summary of progress for each of the RED, AMBER and GREEN rated recommendations as at 15 June, and then further detail on the individual performance measures (with performance data used as at end of April 2017, in line with the performance report) and actions are shown in the more detailed tables on the succeeding pages.

Summary of Progress

Recommendation		Progress	
1	Ensure robust management oversight of the single assessment process at both first tier and senior management level, so that children and families are seen and risks evaluated within timescales that meet the child's need.	Recommendation Lead: YVONNE COATES	G
		<p>All actions have been completed with regards to systems and approaches being in place to ensure consistency.</p> <p>Whilst work to date has focused on the timeliness of assessments, the emphasis has now moved to the quality of assessments and social work practice. A Quality Assurance Framework has been developed and is now being used routinely by staff.</p> <p>Work is progressing on Signs of Safety implementation. There is a full training programme agreed up to March 2018 and practice leads sessions have been arranged over the next few months. Senior Leaders have completed Signs of Safety 2-day training. The next steps will include a review of systems and processes to ensure compliance with the model. The following groups will need to be established by the end of June 2017. This will include a senior management implementation group, a practice leads working group and an appointed responsible Head of Service.</p> <p>The review of policies and procedures is completed and now business as usual. Tri-X is the repository for all our procedures and reviewed on a six-monthly basis.</p> <p>The next step in the improvement process is to embed and strengthen the practice across services. This</p>	

Recommendation		Progress	
		recommendation remains RAG rated GREEN until the improvements are embedded and evidenced through performance improvement.	
2	Drive improvement through the quality assurance of assessments that ensures that all areas of risk to children are addressed, historical information is considered and analysis is robust, so that children's needs, including the need for protection, are fully addressed.	Recommendation Lead: Martin Graham/Sharon Raine	A
		<p>An update was provided to the February Board meeting with regards to the quality of practice in the area of assessments. Whilst the evidence from audits demonstrated improvement in some cases, this is not yet consistent and therefore there will now be a focus on ensuring consistency. In addition to this work is now underway to drive improvements in care planning and a self-assessment is being completed around neglect to assess our approach to identifying children suffering from long term neglect and the provision of interventions. The actions around these two areas of work were due to be complete in February however the deadline has been extended to June to reflect the work still required to ensure consistency in the quality of assessments.</p> <p>Quality assurance data from audits are now incorporated in the performance framework and reporting cycle from May 2017. This will be monitored through Moderation Panel and quarterly audit reports to the Director and senior leaders.</p> <p>Whilst the majority of actions against this recommendation are complete, the RAG rating is AMBER to reflect the further work required now to embed quality assurance and to ensure consistently good practice.</p>	
3	Improve the quality and timeliness of social work reports prepared for child protection conferences, ensure that initial child protection conferences are held within timescales that accord with statutory guidance, and ensure core groups are recorded effectively.	Recommendation Lead: JOANNE STODDART	A
		<p>All actions to improve the quality and consistency of social work reports to child protection conferences are complete. A standard template is now part of the Liquid Logic system and this has greatly improved the quality of the reports and subsequently the quality assurance oversight. An audit of reports for child protection conferences is scheduled within the 2017 audit timetable.</p> <p>The actions around core group timeliness, note taking and distribution have been addressed and systems are in place to ensure that timescales and quality are met. Monitoring of compliance and quality will continue by managers to embed the improvement in the service.</p> <p>The RAG rating against this recommendation remains AMBER as there is one key action outstanding which will be completed by September 2017; after which point the next step in the improvement process is to embed and strengthen the practice across the service.</p>	

Recommendation		Progress	
4	Review the current configuration of social work teams to ensure equity in workload distribution and that the working environment is conducive to good social work practice across the whole of the service.	Recommendation Lead: JANE KOCHANOWSKI	G
		<p>The Recruitment and retention of qualified social workers to work within the Safeguarding teams has been the focus of our recruitment and retention plan. We have introduced a retention payment and have recruited 11 social workers. We continue to promote via 'word of mouth' and attendance at Job Fairs the positivity of working in Darlington. The Progression scheme has been reviewed and implemented.</p> <p>The vacancy rate is currently 13% (15 June 2017) a significant reduction from February 2017 when it stood at 37%. Sustained improvement over the recent months with agency workers converting into permanent posts has provided continuity in teams. Darlington's vacancy rate is now below the national rate of 16%.</p> <p>We have been able to maintain manageable caseloads of 18 or below consistently for the past four months. This continues to be a focus of consistently high quality approaches to social work intervention. Agile working devices are now available to staff which allows them the opportunity to work effectively away from the office. Social workers are also using this technology to engage with young people in direct work.</p> <p>The actions relating to this recommendation although complete require further work to ensure the stability of the workforce over the next 12 months, therefore the RAG rating remains GREEN.</p>	
5	Review processes and resources available for performance monitoring at all levels of the organisation and ensure that robust arrangements are put in place as a matter of urgency.	Recommendation Lead: CHRISTINE SHIELDS	G
		<p>Whilst the performance management and quality framework have been further developed the RAG rating for this recommendation remains GREEN until it is evidenced that these new arrangements are embedded and are contributing to improvements in practice, performance and quality.</p>	
6	Ensure that elected members are rigorous in their understanding of children's services performance and are enabled to robustly challenge senior managers to improve.	BUSINESS AS USUAL ACTIVITY	
7	Complete a thorough review of all children subject to section 20 accommodation to ensure that its use is legitimate and appropriate in all cases.	Recommendation Lead: MARTIN GRAHAM	G
		<p>The complexity of the historical s20 cases has meant that more remedial work needs to be done to ensure that all the actions identified have been completed to the requisite standards. Senior practitioner resource has been allocated to drive this project forward. The s20 Panel is scheduled weekly to monitor progress. Each audit has an action plan. This action plan is communicated to the team manager and social worker for</p>	

Recommendation		Progress	
		the case. Progress is monitored. A report has been compiled which pulls together the themes from the audits and this is presented at the SWMM and cascaded through team meetings and supervisions. The RAG rating has been adjusted to AMBER as there are a number of outstanding action plans resulting from the audits which have not yet been presented to Panel. The majority of outstanding actions plan from the S20 audits have been to Panel and signed off as complete. The small number of individual actions will be picked up through line management supervision by the LATC Team Manager.	
8	Ensure that independent reviewing officers (IRO) demonstrate rigour when overseeing both the quality and progress of plans, and the frequency of social work visits to children who are the subject of child protection plans.	Recommendation Lead: MARTIN GRAHAM	C
		All actions within this recommendation are completed. BUSINESS AS USUAL ACTIVITY	
9	When IROs challenge poor practice, make sure this is clearly recorded and monitored to ensure improvements are made and where necessary, a lack of progress can be formally escalated to senior leaders.	Recommendation Lead: MARTIN GRAHAM	G
		Only one action is outstanding within this recommendation which is to develop a report within Liquidlogic to enable regular reporting of quality assurance and dispute resolution, until the report is developed a manual recording process is in place to ensure oversight of this area. The RAG rating is GREEN as the effectiveness of IRO challenge will continue to be monitored to ensure it is embedded and delivering appropriate challenge and reporting to senior leaders.	
10	Ensure when children are looked after that decisions about their need for permanence are timely with robust oversight, including by IROs.	Recommendation Lead: MARTIN GRAHAM	A
		The permanence guidance was completed earlier this year as reported to Board in February. Work is now focusing on the development of a shared understanding of this area amongst managers and IRO's. A key step is the delivery of a training programme which is being undertaken from May 2017. The Head of Service monitors the impact of the training. Progress remains RAG rated as AMBER until this training is complete and the effectiveness of the changes evidenced.	
11	Ensure that return interviews are offered for all children who go missing and that the take-up of these interviews is monitored and information is used to inform plans to keep children safe.	Recommendation Lead: YVONNE COATES	G
		There continues to be close monitoring on a twice weekly basis by the Head of Service in order to ensure any remedial actions in respect of Children Missing are acted on quickly and any emerging patterns be reported to the Missing and Exploited Group. Robust reporting of out of borough young people to their relevant authority has seen young people placed in more appropriate settings. Improved reporting on missing to other local authorities has seen positive diversionary action taken. Performance has improved and the proactive work by	

Recommendation		Progress	
		<p>other authorities has seen an improvement in the number of missing episodes. Further work is being undertaken to develop an escalation policy to ensure that the children who are placed from other authorities in Darlington are safe and have supportive and effective safety plans.</p> <p>CSE and Missing information is now being recorded in Liquid Logic, whilst data has been routinely produced to ensure oversight there has been a slight delay in the production of reports from the system and therefore this has continued to be a manual process. Reporting from Liquid Logic will be in place by April 2017 and the dates in the action plan have been amended to reflect this.</p> <p>Performance is currently at 97% of young people received their return interviews within the required timescales.</p> <p>The outstanding action for this recommendation is to develop a standard report for monitoring activity regarding CSE for reporting to MESA group. The recommendation will remain RAG rated GREEN to ensure that the improvement is embedded as business as usual within the service and the development of the standard report via Liquidlogic remains on schedule.</p>	
12	Make sure that early help is effectively targeted, coordinated and evaluated so that families receive appropriate support when need is first identified, and the quality of early help assessments is improved by robust quality assurance arrangements.	<p>Recommendation Lead: YVONNE COATES</p> <p>All actions within this recommendation relate to the development and implementation phase and have been completed. The focus will now be on the on-going evaluation of the impact of the early help service, therefore the RAG rating remains GREEN.</p>	G
13	Extend the range of housing provision available to homeless 16- and 17-year-olds and for care leavers so that no young person is placed in bed and breakfast accommodation.	<p>Recommendation Lead: YVONNE COATES</p> <p>There are a range of options available for Care Leavers within Darlington. For homeless 16/17 year olds the YMCA provides a CRASHPAD facility alongside a mediation service to help resolve accommodation issues and enable a young person to return home. Bed and breakfast accommodation is not used. Support to homeless 16 and 17 year olds is provided from DBC Housing. Vulnerable 16/17 year olds are jointly assessed by Housing Options and Social Care and supported into appropriate accommodation. The majority of actions against this recommendation within the improvement plan are complete and therefore the RAG rating is GREEN.</p>	G
14	Ensure that all children looked after can access an independent visitor when necessary, and that the impact of advocacy is subject to evaluation and review.	<p>Recommendation Lead: MARTIN GRAHAM</p> <p>Independent Visitors – We have a contract monitored by Redcar and Cleveland Council, this reviews progress in young people being matched effectively to a volunteer Independent Visitor (IV). The numbers of young people requiring an Independent Visitor are historically very low within the looked after cohort, approximately</p>	G

Recommendation		Progress	
		<p>five at any given time, which is reflected in the current contract provision. Early identification of need improves the matching possibilities.</p> <p>Advocacy continues to be championed by the IROs and social workers for all children who need an advocate. The new collaborative Tees Valley Advocacy arrangements have been commissioned to one provider. The present contract has now been renewed.</p> <p>Feedback from young people is routinely collated by emerging themes and this captures the voice the child. Further work is required to determine the appropriate reporting mechanisms to enable the child's voice to be incorporated into service design and improvement.</p> <p>All actions within this recommendation are completed the RAG rating for this recommendation remains GREEN until it can be evidenced that the arrangements are embedded and appropriate services continue to be available to young people.</p>	
15	Ensure that all children looked after have timely initial health assessments.	<p>Recommendation Lead: JANE KOCHANOWSKI</p> <p>A Health/DBC tracker is now in place which is completed by both organisations from mid-month to mid-month to monitor performance. A revised single point of contact is in place, managed by a service manager to provide robust management oversight.</p> <p>Social Workers have been given a non-negotiable target of all paperwork to be completed and sent to health within seven days of a child becoming looked after.</p> <p>The most recent performance data for April and May is 100%.</p> <p>Simplified consent forms are now within the Children Looked After packs. All social workers presenting cases to DARP are scrutinised to ensure that all children who have been newly admitted to care have compliance in relation to IHA.</p> <p>Whilst all actions are complete and are now BUSINESS AS USUAL the RAG rating for this recommendation remains AMBER until it is evidenced that there has been a sustained improvement in performance.</p>	A
16	Improve the monitoring of educational progress of children looked after so that action is taken to narrow the gap in attainment compared with all children in Darlington.	<p>BUSINESS AS USUAL ACTIVITY</p> <p>Now included within the workplan and scope of the Corporate Parenting Panel.</p>	

Recommendation		Progress
17	Improve the consistency and quality of personal education plans and ensure that the pupil premium is effectively utilised to improve the educational attainment and achievement of looked after children.	<p>BUSINESS AS USUAL ACTIVITY</p> <p>Now included within the workplan and scope of the Corporate Parenting Panel.</p>
18	Ensure that reports are completed on fostering and adoption services every six months so that elected members, senior leaders and other stakeholders receive information about performance, standards, achievements and service developments in line with national minimum standards.	<p>BUSINESS AS USUAL ACTIVITY</p> <p>Now included within the workplan and scope of the Corporate Parenting Panel.</p>

Recommendation 1: Ensure robust management oversight of the single assessment process at both first tier and senior management level, so that children and families are seen and risks evaluated within timescales that meet the child’s need. **(YVONNE COATES)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 022	% of referrals completed within 24 hours	Yvonne Coates	90%	94%
CSC 026	% of referrals completed in over 72 hours	Yvonne Coates	5%	1%
CSC 038	% of children & families assessments completed within 45 working days	Yvonne Coates	90%	98%
CSC 060	% of children & families assessments completed within 25 working days	Yvonne Coates	60%	98%
CSC 080	% of children & families assessments completed within 15 working days	Yvonne Coates	40%	57%
CSC 100	% of children & families assessments completed within 10 working days	Yvonne Coates	25%	49%
CSC 176	% of cases where ICPC is held within 15 days of the initial strategy discussion	Martin Graham	100%	100%

Action	Task Lead	Start Date	Completion Date	RAG
Revise systems and approaches to ensure consistency.	Yvonne Coates	Jul 2016	Mar 2017	C
1. Ensure that all Social workers and managers take a consistent approach using the assessment and risk tools contained in the Assessment Guidance in LSCB Procedures and Darlington Procedures	Denise Moore	Sept 2016	Dec 2016	C
2. Ensure that there is a systematic approach to auditing which captures progress and key learning	Martin Graham	Sept 2016	Dec 2016	C
3. Ensure that the training programme reflects the assessment and risk framework as well as the learning from the audit summaries	Martin Webster	Jul 2016	Sept 2016	C
4. Ensure that any changes to assessment procedures identified are assimilated into the framework	Jane Kochanowski	Aug 2016	Sept 2016	C
5. Remodelling of 'front door' processes and safeguarding procedures to ensure that children’s needs are assessed in a timely and consistent way	Claudious Madembo	Jul 2016	Dec 2016	C

Action	Task Lead	Start Date	Completion Date	RAG
Improve the quality of practice in the priority areas of assessment, care planning and neglect enabling consistent practice and the production of better quality reports.	Joanne Stoddart	Aug 2016	Nov 2017	A
6. Enhance the quality of practice and ensure consistency in <i>assessments</i> to ensure that: the right information is gathered; the right people are included; voice of the child is evidenced; risks are identified; analysis is robust; decision making is clear; and they are completed within the child's timescales.	Joanne Stoddart	Aug 2016	Sept 2017	A
7. Embed effective <i>care planning</i> to ensure that: strengths and concerns are identified, maximising the strength of the family; all resources from the wider family and professionals are involved in the planning and intervention; voice of the child is evidenced; actions are SMART; and it is regularly reviewed against the outcomes required; analysis is robust; decision making is clear; and they are completed within the child's timescales.	Joanne Stoddart	Sept 2016	Sept 2017	A
8. Increase the focus on <i>neglect</i> to ensure that children suffering from long term neglect are identified and where appropriate services / interventions are provided.	Joanne Stoddart	Oct 2016	Sept 2017	A
Enhance audit programme ensuring that it informs workforce development.	Martin Graham	Jul 2016	Sept 2017	G
9. Revise the thematic audit programme to focus on key elements of practice, providing monthly assurance of improvements	Martin Graham	Jul 2016	Sept 2016	C
10. Implement new audit tool to complete programme of reviews	Martin Graham	Jul 2016	Aug 2016	C
11. Develop consolidating good practice training to deliver amended programme for 2016/17 including bite size modular approach	Martin Webster	Jul 2016	Aug 2016	C
12. Ensure workforce development programme is linked with audit programme to ensure the timely translation of audit lessons into training sessions	Martin Graham	Aug 2016	Sept 2017	G
Establish a robust and effective Quality Assurance Framework and mechanisms to drive continuous improvement in practice.	Martin Graham	Apr 2016	Dec 2016	C
13. Develop a Quality Assurance Framework incorporating best practice and all service standards	Martin Graham	Apr 2016	Sept 2016	C

Action	Task Lead	Start Date	Completion Date	RAG
14. Communicate the QA Framework to staff and ensure appropriate understanding across the organisation	Martin Graham	Sept 2016	Dec 2016	C
15. Integrate quality assurance within the performance framework and reporting cycle	Sharon Raine	Sept 2016	Sept 2016	C
16. Ensure that all procedures have clear timescales for update and review	Yvonne Coates	Aug 2016	Sept 2016	C
Review policy and procedures to ensure they are up to date and relevant, incorporating learning from good practice.	Jane Kochanowski	Jul 2016	Mar 2017	C
17. Review existing policies and procedures to ensure that they are up to date and incorporate learning from good practice, audits and case reviews	Martin Graham	Jul 2016	Mar 2017	C
18. Develop a review cycle of council policy, practice and guidance to ensure that it represents good practice and is presented at the LSCB Procedure Group to ensure multi-agency policies are reflective of any changes	Martin Graham	Jul 2016	Mar 2017	C
Strengthen decision making within CAP / MASH.	Yvonne Coates	Apr 2016	Dec 2016	C
19. Ensure that there is a clear and robust Risk Assessment process, clarifying thresholds and requirements that is effectively communicated across social work teams and partners	Yvonne Coates	Aug 2016	Sept 2016	C
20. Complete the full service review of CAP / MASH to establish a new working model including a threshold document	Yvonne Coates	Apr 2016	Dec 2016	C
21. Implement changes to ensure the timeliness and the quality of decision making is enhanced to drive improvement in services.	Yvonne Coates	Aug 2016	Oct 2016	C

Recommendation 2: Drive improvement through the quality assurance of assessments that ensures that all areas of risk to children are addressed, historical information is considered and analysis is robust, so that children’s needs, including the need for protection, are fully addressed. **(MARTIN GRAHAM/SHARON RAINE)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 340a	% of assessments rated as good or outstanding	James Clark	30%	-
CSC 340b	% of assessments rated as requires improvement	Yvonne	60%	-
CSC 340c	% of assessments rated as inadequate	Coates Yvonne Coates	10%	-

Action	Task Lead	Start Date	Completion Date	RAG
Contained within Recommendation 1 above	As above	Sept 2016	Dec 2016	-

Recommendation 3: Improve the quality and timeliness of social work reports prepared for child protection conferences, ensure that initial child protection conferences are held within timescales that accord with statutory guidance, and ensure core groups are recorded effectively. **(JOANNE STODDART)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 176	% of cases where ICPC took place within 15 days of the initial strategy discussion	Martin Graham	100%	100%

Action	Task Lead	Start Date	Completion Date	RAG
Improve the quality and consistency of social work reports to child protection conferences and	Martin Graham	Jul 2016	Dec 2016	C

Action	Task Lead	Start Date	Completion Date	RAG
improve management control and reporting arrangements to ensure that timeliness and quality achieve and maintain the required standards.				
1. Develop a set of standards for quality assuring social work reports to child protection conferences to ensure there is improved quality and consistency of reports	Martin Graham	July 2016	Aug 2016	C
2. Ensure that quality assurance activity undertaken by IROs reflects the agreed standards to guarantee consistency by IROs when monitoring social work reports	Paula Shepherd	Aug 2016	Aug 2016	C
3. Ensure that there is a shared understanding of those standards by social workers, managers and IROs	Yvonne Coates	Aug 2016	Sept 2016	C
4. Team managers to Quality assure social work reports to ensure they meet agreed standards and timescales prior to submission to the Safeguarding unit to reduce the number of conferences that are stood down	Denise Moore	Aug 2016	Dec 2016	C
5. Establish an interim process for monitoring distribution of notes of core group and ensuring that these meet acceptable standards	Denise Moore	Sept 2016	June 2017	C
6. Ensure that the reporting within Liquidlogic is available and captures: timeliness of core groups and ICPCs and the distribution of notes of meetings	Joanne Stoddart	Sept 2016	Sept 2017	A
7. Identify training needs around the quality assurance process and provide training to meet these needs	Martin Graham	Aug 2016	Sept 2016	C

Recommendation 4: Review the current configuration of social work teams to ensure equity in workload distribution and that the working environment is conducive to good social work practice across the whole of the service. **(JANE KOCHANOWSKI)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 352	% of substantive posts that are filled by agency social workers	Jane Kochanowski	15%	19%

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 393	Average caseload of qualified social workers (excluding ASYE)	Jane Kochanowski	19	16
CSC 394	Average caseload of ASYE social workers	Jane Kochanowski	10	10

Action	Task Lead	Start Date	Completion Date	RAG
Enhance skills to improve the quality of practice.	Jane Kochanowski	Jul 2016	Jul 2017	C
1. Review and implement new fully funded structure to include extra team manager and social workers enabling reduced caseloads to be sustained	Jane Kochanowski	Jul 2016	Sept 2016	C
2. Stabilise the workforce through recruitment and retention of suitably qualified and experienced permanent social workers	Jane Kochanowski	Apr 2016	Jul 2017	C
3. Incorporate monthly reporting on staff movements within the performance management framework	Corina Dias	Jul 2016	Sept 2016	C
4. Build on the Recruitment & Retention Plan 2016/17 to create a longer term Recruitment & Retention Strategy for marketing Darlington to attract and retain good quality social workers	Jane Kochanowski	Jul 2016	Mar 2017	C
Review Social Work Teams as part of creating a coherent and sustainable structure.	Jane Kochanowski	Apr 2016	Dec 2016	C
5. Learn from the consolidation of the Assessment & Safeguarding teams to inform future structural changes creating more resilience and joined-up working	Jane Kochanowski	Aug 2016	Dec 2016	C
6. Complete review of the CAP and MASH and implement required changes to teams and working practices	Yvonne Coates	Apr 2016	Dec 2016	C

Recommendation 5: Review processes and resources available for performance monitoring at all levels of the organisation and ensure that robust arrangements are put in place as a matter of urgency. **(CHRISTINE SHIELDS)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
There are no performance indicators associated with this recommendation				n/a

Action	Task Lead	Start Date	Completion Date	RAG
Development of robust performance reporting mechanisms.	Sharon Raine	May 2016	Dec 2016	C
1. Revise top level performance scorecard to align with Improvement Plan, bringing in quality of practice aspects and demonstrate progress in key measures	Sharon Raine	May 2016	Jul 2016	C
2. Revise performance reporting cycle to enable accurate presentation of data along with robust analysis, enabling effective decision making	Sharon Raine	Jul 2016	Dec 2016	C
Liquidlogic implementation, data input and reporting functionality.	Sharon Raine	Jul 2016	Feb 2017	C
3. Implementation of Liquidlogic with revised performance reporting functionality	Sharon Raine	Jul 2016	Sept 2016	C
4. Successful implementation and use of the standard reports of Liquidlogic including identification of any reporting gaps	Sharon Raine	Jul 2016	Mar 2017	C
5. Develop performance reports to address any gaps and enable effective management oversight of practice	Sharon Raine	Aug 2016	Feb 2017	C
6. Develop and implement effective change control processes for Liquidlogic ensuring management oversight and accountability for system modifications	Sharon Raine	Aug 2016	Dec 2016	C

Action	Task Lead	Start Date	Completion Date	RAG
Creation of a performance culture, ensuring that performance is owned by everyone.	Jane Kochanowski	Aug 2016	Dec 2016	C
7. Provide clear leadership and direction to performance & quality clinics and develop hierarchy of meetings and performance discussions to ensure it becomes an integral part of every managers role	Jane Kochanowski	Aug 2016	Oct 2016	C
8. PDRs to identify and include specific areas for improvement and targets for individuals	Jane Kochanowski	Sept 2016	Dec 2016	C
9. Utilise performance and quality information to drive improvements in service processes and outcomes, recognise and celebrate success and to identify improvement priorities	Jane Kochanowski	Aug 2016	Dec 2016	C

Recommendation 7: Complete a thorough review of all children subject to section 20 accommodation to ensure that its use is legitimate and appropriate in all cases. **(MARTIN GRAHAM)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
There are no performance indicators associated with this recommendation				

Action	Task Lead	Start Date	Completion Date	RAG
Review of all children subject to S20 as of Dec 2015 and implement actions arising.	Martin Graham	Jul 2016	May 2017	G
1. Implement the actions agreed in response to the Initial Audit (Jan 2016) and Re-audit (June 2016)	Yvonne Coates	Jul 2016	Jan 2017	C
2. Hold S20 review panel to confirm that all actions from original cohort have been implemented and determine any further actions required	Martin Graham	Jul 2016	May 2017	G
Review and improve audit processes and communicate these effectively.	Martin Graham	Aug 2016	May 2017	G

Action	Task Lead	Start Date	Completion Date	RAG
3. Develop feedback process for all audits to ensure specific actions are communicated to the relevant social workers and managers and that broad themes are communicated to all appropriate staff	Martin Graham	Aug 2016	Sept 2016	C
4. Review the proposed audit programme and methodology to ensure that messages are clear and that the impact is positive	Martin Graham	Oct 2016	Oct 2016	C
5. Enhance quarterly reporting of audit activity to senior managers regarding the frequency, outcomes and learning	Martin Graham	Oct 2016	Apr 2017	G
See Recommendation 10 for more actions around permanency planning				

Recommendation 8: Ensure that independent reviewing officers (IRO) demonstrate rigour when overseeing both the quality and progress of plans, and the frequency of social work visits to children who are the subject of child protection plans. **(MARTIN GRAHAM)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 252	% of children who were subject to a CPP who had all statutory visits carried out within the required timescale	Martin Graham	80%	86%
CSC 338	% of case file audits rated as good or outstanding	Martin Graham	30%	-
CSC 339	% of case file audits rated as requires improvement	Martin Graham	60%	-

Action	Task Lead	Start Date	Completion Date	RAG
Incorporate learning from IRO challenge within working practices.	Martin Graham	Jul 2016	Apr 2017	C
1. Undertake a review of IRO challenges made to date	Martin Graham	Jul 2016	Aug 2016	C

Action	Task Lead	Start Date	Completion Date	RAG
2. Findings of the review inform content of training to be undertaken with IROs to ensure consistency of approach by IROs	Martin Graham	Sept 2016	Dec 2016	C
3. Ensure high standard of recording through improved focus, training and support for IROs	Martin Graham	Jul 2016	Apr 2017	C
4. Increase monitoring of challenges to evidence level of activity, themes and impact of challenges	Martin Graham	Aug 2016	Sept 2016	C
5. Enhance quarterly reporting to senior managers regarding the frequency, nature and outcome of IRO challenges to demonstrate learning and the impact of challenge with a focus on the child	Martin Graham	Oct 2016	Apr 2017	C
Improve understanding of the IRO role and the importance of learning from effective challenge.	Martin Graham	Aug 2016	Apr 2017	C
6. Ensure IROs work with team managers to develop understanding and raise awareness of the IRO role in challenging practice and share themes identified through the Dispute Resolution Process procedures enhancing the impact of the link role	Paula Shepherd	Aug 2016	Dec 2016	C
7. Develop mechanism for ensuring that the training programme continually evolves to incorporate learning from IRO challenges	Martin Webster	Aug 2016	Sept 2016	C
8. Ensure the effective implementation and delivery of the training to demonstrate that it has supported embedding of improvements as a result of effective challenge	Martin Graham	Oct 2016	Apr 2017	C

Recommendation 9: When IROs challenge poor practice, make sure this is clearly recorded and monitored to ensure improvements are made and where necessary, a lack of progress can be formally escalated to senior leaders. **(MARTIN GRAHAM)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 340	% of case file audits rated as inadequate	Martin Graham	10%	-

Action	Task Lead	Start Date	Completion Date	RAG
Improve mechanisms around IRO challenge, building on the newly revised Dispute Resolution Process introduced in April 2016.	Martin Graham	Jul 2016	Apr 2017	C
1. Establish monthly monitoring and reporting on the level of activity, challenges and outcomes	Martin Graham	Aug 2016	April 2017	C
2. Implement quarterly reports to SMT highlighting impact of IROs on practice and themes arising from challenges	Martin Graham	Sept 2016	Apr 2017	C
3. Identify cases where there is lack of progress which need further escalation to Senior managers	Martin Graham	Jul 2016	Apr 2017	C
4. Ensure feedback is provided to teams on the themes and outcome of IRO challenges so that there is practice improvement and increased awareness of the improvements required	Paula Shepherd	Sept 2016	Apr 2017	C
5. Implement quarterly reporting programme, in line with performance cycle, highlighting the impact of IRO challenges on practice and identifying any emerging themes to inform training needs	Martin Graham	Oct 2016	Mar 2017	C

Recommendation 10: Ensure when children are looked after that decisions about their need for permanence are timely with robust oversight, including by IROs. **(MARTIN GRAHAM)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 268a	% of children with a permanency plan in place by 4 months	Yvonne Coates	90%	-
CSC 279	Average time between coming into care and being placed for adoption and adopted	Yvonne Coates	590 days	512 days

Action	Task Lead	Start Date	Completion Date	RAG
Ensure that permanency planning is supported by clear, well communicated guidance that is understood by all relevant staff.	Jane Kochanowski	Aug 2016	Dec 2016	A
1. Re-write the current Permanence Guidance to ensure that it is up to date and fit for purpose	Yvonne Coates	Aug 2016	Sept 2016	C
2. Ensure that there are opportunities for all managers and IROs to develop a shared understanding of the revised guidance and that they are able to identify the principles of permanence	Jane Kochanowski	Oct 2016	May 2017	A
Improve processes to support effective and timely decision making around permanency.	Yvonne Coates	Aug 2016	Mar 2017	C
3. Develop and implement a system to report S20 cases as they occur and ensure effective management oversight and control	Yvonne Coates	Aug 2016	Sept 2016	C
4. Ensure that the 2nd and subsequent LAC reviews that IROs monitor the permanence plan and that the plans are SMART and contain parallel planning	Martin Graham	Aug 2016	Mar 2017	C
5. Review the PLO process and ensure that it is effectively implemented	Yvonne Coates	Aug 2016	Sep 2016	C
6. Review all adoption plans for those pending over 6 months to ensure that they are still relevant and appropriate	Yvonne Coates	Aug 2016	Sep 2016	C

Recommendation 11: Ensure that return interviews are offered for all children who go missing and that the take-up of these interviews is monitored and information is used to inform plans to keep children safe. **(SHARON RAINE)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 216	% of return interviews completed within 72 hours (included within operational level scorecard)	Jean Langthorne	96%	84%

Action	Task Lead	Start Date	Completion Date	RAG
Improve interviews for children who go missing through successful mobilisation of the Barnardo's contract.	Yvonne Coates	Jul 2016	Sept 2016	C
1. Ensure practice guidance is developed to ensure return interviews take place within the required timescales	Jean Langthorne	Sept 2016	Sept 2016	C
2. Develop a reporting mechanism to alert senior managers of multiple missing from home episodes and non-compliance with timescale for interviews	Jean Langthorne	Sept 2016	Sept 2016	C
Improve intelligence gathering and analysis.	Sharon Raine	Jul 2016	Mar 2017	A
3. Ensure the successful implementation of Liquidlogic including the use of standard reports for missing and the identification of any gaps	Sharon Raine	Jul 2016	April 2017	C
4. Develop a standard report for monitoring activity regarding CSE within Liquidlogic and to develop an intelligence led approach to information available to MEG	Sharon Raine	Jul 2016	Sept 2017	A
Improving risk assessment processes for CSE.	Jean Langthorne	Jul 2016	Oct 2016	C
5. Test, review and implement a new risk assessment tool for CSE, learning from best practice, to ensure a robust approach	Jean Langthorne	Jul 2016	Sept 2016	C

Action	Task Lead	Start Date	Completion Date	RAG
6. Complete actions from independent CSE audit recommendations	Jean Langthorne	Jul 2016	Sept 2016	C
7. Review the findings and incorporate learning from the Durham Constabulary multi-agency audit into improved practice and processes	Jean Langthorne	Sept 2016	Oct 2016	C

Recommendation 12: Make sure that early help is effectively targeted, coordinated and evaluated so that families receive appropriate support when need is first identified, and the quality of early help assessments is improved by robust quality assurance arrangements. **(YVONNE COATES)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 001	Number of CAFs	Yvonne Coates	-	721
CSC 011	% of contacts leading to a referral	Yvonne Coates	35%	18%
CSC 022	% of referrals completed within 24 hours	Yvonne Coates	90%	94%
CSC 026	% of referrals completed in over 72 hours	Yvonne Coates	5%	1%

Action	Task Lead	Start Date	Completion Date	RAG
Review thresholds and multi-agency safeguarding arrangements at the front door with partners. <i>(also refer to recommendation 1)</i>	Claudious Madembo	Jul 2016	Jan 2017	C
1. Remap and streamline MASH processes from initial contact to disposal	Claudious Madembo	Aug 2016	Oct 2016	C
2. Review, update, reissue and publicise policy guidelines and threshold document to reflect new thematic issues in line with national legislation, e.g. CSE, radicalisation etc. for LSCB approval	Claudious Madembo	Jul 2016	Oct 2016	C
3. Re-constitute and convene MASH Governance Structure (Strategic level Steering Group)	Claudious Madembo	Jul 2016	Oct 2016	C

Action	Task Lead	Start Date	Completion Date	RAG
4. Develop and ensure the delivery of bespoke training for all CAP / MASH Practitioners on thresholds, MASH processes, consent and information governance issues	Claudious Madembo	Sep 2016	Oct 2016	C
5. Gain approval for the revised training, thresholds and governance approach	Claudious Madembo	Oct 2016	Jan 2017	C
6. Review and re-issue the Inter-agency Referral Form to improve usability and access for referrers	Claudious Madembo	Oct 2016	Feb 2017	C
7. Design and adopt a front door (MASH) audit tool	Claudious Madembo	Aug 2016	Sep 2016	C
Development of a performance framework and reporting model for Early Help.	Sharon Raine	Oct 2016	Dec 2016	C
8. Identify appropriate performance indicators for corporate reporting to demonstrate impact of changes to the process	Claudious Madembo	Oct 2016	Dec 2016	C
9. Implement new performance measures, update performance reports and establish targets	Sharon Raine	Nov 2016	Dec 2016	C
Establish multi-agency quality assurance framework for Early Help.	Deborah Archer	Jul 2016	Sept 2016	C
10. Ensure that the Early Help Assessment Paperwork is meeting the needs of agencies, children and their families, making changes required to meet any identified gaps	Deborah Archer	Aug 2016	Aug 2016	C
11. Review the current QA audit data and draw conclusions on current performance to identify themes for improvement	Deborah Archer	Aug 2016	Sept 2016	C
12. Consider information gaps and how to fill them through the review and reissue of the new Early Help Assessment, Team around the Family and toolkit forms	Deborah Archer	Aug 2016	Sept 2016	C
13. Develop plans for a rolling programme of auditing, reporting and providing feedback on the quality and effectiveness of Early Help Assessments	Deborah Archer	Sept 2016	Sept 2016	C

Recommendation 13: Extend the range of housing provision available to homeless 16 and 17 year-olds and for care leavers so that no young person is placed in bed and breakfast accommodation. **(YVONNE COATES)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 285	% of care leavers in suitable accommodation	Yvonne	100%	95%
CSC	% of care leavers with up to date pathway plans	Coates Yvonne Coates	100%	-

Action	Task Lead	Start Date	Completion Date	RAG
Extend the range of housing provision available to care leavers.	Yvonne Coates	Aug 2016	Jan 2017	C
1. Consider completion of Pathway Plans from age 14 as part of the new structure	Yvonne Coates	Aug 2016	Sept 2016	C
2. Ensure involvement of commissioning to develop a sufficiency strategy in order to meet future predicted needs	Lynne Henderson	Aug 2016	Oct 2016	C
Extend the range of housing provision available to homeless 16 and 17	Yvonne Coates	Jul 2016	June 2017	A
3. Undertake complete analysis of current and previous performance and on current cohort of LAC to use data for predict future placement need	Hilary Tillotson	Jul 2016	Oct 2016	C
4. Use the data to develop stability of mix and type of placements for vulnerable teenagers	Hilary Tillotson	Sept 2016	Apr 2017	A
5. To review the homeless protocol to ensure it is fit for purpose and develop a framework to measure the effective use of alternative accommodation for vulnerable 16 and 17 year olds	Yvonne Coates	Sept 2016	Oct 2016	C

Recommendation 14: Ensure that all children looked after can access an independent visitor when necessary, and that the impact of advocacy is subject to evaluation and review. **(MARTIN GRAHAM)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
There are no performance indicators associated with this recommendation				

Action	Task Lead	Start Date	Completion Date	RAG
Identify the numbers of looked-after children who require an Independent Visitor.	James Clarke	Sept 2016	Dec 2016	C
1. Identify placements at high risk of breakdown	James Clarke	Sept 2016	Sept 2016	C
2. Promote the positive aspects of Independent Visitors for young people	James Clarke	Sept 2016	Oct 2016	C
3. Ensure most vulnerable young people are able to access Independent Visitors	James Clarke	Sept 2016	Dec 2016	C
4. Evaluate the impact for children and young people using the independent visiting service	James Clarke	Oct 2016	Dec 2016	C
Review, with Redcar and Cleveland Council, the current contract arrangements for Independent Visitors across the Tees Valley.	Lynne Henderson	Sept 2016	Jan 2017	C
5. Review current arrangements with NYAS	Lynne Henderson	Sept 2016	Oct 2016	C
6. Assess capacity of NYAS and other organisations to provide service for Tees Valley	Lynn Henderson	Sept 2016	Oct 2016	C
7. Undertake review of contract and re-tender where necessary	Lynn Henderson	Nov 2016	Jan 2017	C
Review current areas of support for children in care and gain their views on what support would be most useful.	Yvonne Coates	Nov 2016	Apr 2017	C

Action	Task Lead	Start Date	Completion Date	RAG
8. Work with Darlo Care Crew (Children in Care Council) to gain the views and wishes of children in care on what support would be most useful	Andy Whittam	Nov 2016	Apr 2017	C
9. Develop other areas of service to support young people in care based on this feedback and the review of provision	Yvonne Coates	Dec 2016	Apr 2017	C
Review Advocacy contract arrangements.	Lynne Henderson	Sept 2016	Jan 2017	C
10. Support production of the New Tees Valley contract being developed led by Stockton BC	Lynne Henderson	Sept 2016	Oct 2016	C
11. Undertake tender process for new Advocacy contract with Tees Valley Councils	Lynne Henderson	Oct 2016	Jan 2017	C

Recommendation 15: Ensure that all children looked after have timely initial health assessments. **(JANE KOCHANOWSKI)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target	Progress RAG
PI Number	Description			
CSC 247	% of new LAC with Initial Health Assessments completed within 20 working days	Yvonne Coates	100%	-

Action	Task Lead	Start Date	Completion Date	RAG
Improve the process for collection, tracking and monitoring of initial health assessments.	Hilary Tillotson	Jul 2016	Apr 2017	C
1. Implement a revised process with a single point of contact to administer and process forms to send to CDDFT	Brian Boggon	Jul 2016	Aug 2016	C
2. Revise the process to ensure that incorrectly completed forms are returned to the identified lead officer and escalation process developed to ensure effective HoS oversight	Hilary Tillotson	Jul 2016	Sept 2016	C

Action	Task Lead	Start Date	Completion Date	RAG
3. Ensure that all teams understand the need for the timely progress of all paperwork and that any slippage is robustly addressed	Denise Moore	Jul 2016	Aug 2016	C
4. Enhance weekly performance monitoring to ensure effective implementation by the safeguarding and assessment teams and timely completion and return by health	Hilary Tillotson	Jul 2016	Apr 2017	C