

## **Children and Young People's Scrutiny and Performance Panel**

**Agenda  
Item No.  
11**

**8 January 2013**

### **Children's Services Improvement Activity**

**Ward(s)** All

**Portfolios:** Cllr R Andrew – Portfolio Holder for Children's Services

#### **Executive Summary**

This report is an update for Scrutiny on post Ofsted improvement priorities and activity.

#### **Background papers**

Minutes from Children and Young People's Scrutiny and Performance Panel meetings in August, September, October and November 2012.

Ofsted Report – Inspection of safeguarding and looked after children services published July 2012.

Improvement Notice – published November 2012.

## **Resource and legal considerations**

The strategic and operational improvement plans will be underpinned by resources, with the expectation that the Council and partner agencies will contribute to ensure that resources across the partnership are prioritised to improvement needs.

The national CIB (Children's Improvement Board) funding allocation is targeted at

- a) Sector led support, co-ordinated by C4EO (Centre for Excellence and Outcomes in children and young people services) to assist with:
  - performance management, and intelligent use of data and quality assurance arrangements
  - learning from complaints
  - early help scope
  - implementing an evidence informed approach to practice
- b) Work with The Children's Society to capture the voice of Walsall children to ensure their hopes, wishes and ambition for the improvement journey informs and shapes services to improve outcomes with children.
- c) Review of the social care front door.

The Parliamentary Under Secretary of State for Children and Families has exercised his power to issue an Improvement Notice that contains a concise range of outcome driven targets to address the issues raised in the inspection. If the Council and partners fail to comply with the Improvement Notice by the assessment dates, then the Secretary of State for Education can use statutory powers of intervention (s497A Education Act 1996) to direct the Council to enter into an appropriate arrangements to secure the necessary and rapid improvements required in children's services.

## **Citizen impact**

Improving Walsall's Children's Services will ensure the Walsall partnership works '*better together*' so that children in Walsall are safe, happy, healthy and with a bright future.

## **Performance and risk management issues**

Failure to adequately deliver sustained improvements to services and therefore meet the requirements of the Improvement Notice risks the safety and protection of children and young people. The delivery of the objectives in the improvement plan will be risk assessed and mitigated as appropriate.

The Improvement Board monitor progress and impact on a monthly basis. This is in addition to developing service and partnership wide performance management and quality assurance arrangements. The Department for Education (DfE) will also assess and evaluate progress and impact on a 6 monthly basis. This will include written reports from the independent chair of the Improvement Board and from the Leader of the Council as well as other supporting evidence, including external review and inspection.

## Equality Implications

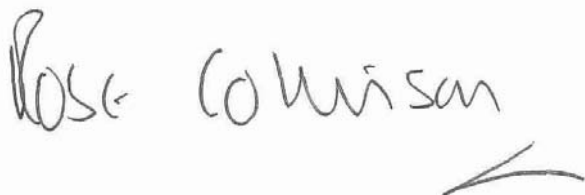
Has an Equality Impact Assessment been carried out? No

## Consultation

There is on-going engagement with partners at a strategic level at the Improvement Board. One aspect of improvement is to ensure that other key partnership boards e.g. the Walsall Safeguarding Children Board (WSCB) and the Children and Young People's Partnership Board (C&YPPB) are productive, mutually challenging and impact positively on better outcomes for children. This will also be an important consideration for the (currently shadow) Health and Wellbeing Board. At an operational level, a multi-agency group, chaired by the Assistant Director Specialist Services, representing all key partners, is championing the implementation of the delivery plans which underpin improvements.

Staff briefings are now in place on a 6 weekly basis to ensure key messages are communicated and to provide regular opportunities to capture feedback and learning from those delivering the services. Regular visits to teams and services provide additional opportunities for feedback and feed-forward as do email updates. Briefings are currently taking place within partner organisations.

## Contact Officer:

A handwritten signature in black ink that reads "Rose Collinson". The signature is written in a cursive style and is positioned above a horizontal line.

Rose Collinson – interim Director, Children's Services

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## Report

### 1. Context

Children's Services in Walsall were judged to be inadequate by Ofsted in a report published at the end of July 2012. Following the Ofsted judgement the Parliamentary Secretary of State for Children and Families issued an Improvement Notice to the Council in November 2012. This is usual practice following an inadequate inspection outcome.

This report provides a summary of improvement progress to the Scrutiny Panel against actions in the Improvement Plan since the last Panel meeting and improvement priorities for the next period.

### 2. Summary of progress since the last report

#### Capacity, capability and culture

#### 2.1. Vision and ambition for children's services:

*'Being better together for children'*. It takes a community to raise a child and a whole partnership to keep children safe and cared for. The Children's Services management team had a facilitated workshop on 27 November to initiate work on Walsall's vision for children by articulating the principles, values and ambition for our services and the behaviours we need to demonstrate as leaders to make sure this translates into actions and good outcomes. The workshop was designed to:

- Promote an integrated leadership team working to a common cause and support each other to deliver improved outcomes for children and young people;
- Initiate a statement of our vision and ambition for Children's Services regarding the improvements planned that we can share across the council and the children's partnership;
- Deliver an action plan with clear objectives and timescales to support the leadership team to achieve the improvements planned.

Feedback on the workshop has been positive. The action plan wasn't completed in the time available but the immediate next steps have been to begin to share both the vision of *'being better together for children'*, and the ambition to make sure *'children and young people in Walsall are safe, happy, healthy and with a bright future'* with council staff and young people fora and to begin wider partnership engagement.

Work on culture change and building a confident and engaged workforce has focused on face to face visits, conversations, briefings and meetings with safeguarding and looked after children teams, school visits, head teacher and

health colleague briefings, as well as regular email bulletins to children's services staff.

- 2.2 The social work health check survey has taken place. 98 staff completed the survey which is 49.4% of all eligible staff.

Initial headline feedback is:

- 77.5% view caseloads as manageable.
  - 91.8% of respondents were satisfied or very satisfied with support from their line managers.
  - The most cited things social workers wished to change include more input into decision making and more time for direct work with children and families.
  - Points from positive feedback about the council include its commitment to make changes to retain and support staff, new senior management keen to listen and take account of voice and views of social care staff and openness to change within the higher management levels.
- 2.3 Scrutiny Panel members will know that the Safeguarding Peer Review last spring and the Ofsted inspection in the summer came to very different conclusions about the strengths and improvement priorities for Children's Services. Peer Reviews and inspections are designed for different purposes but the divergence between the two outcomes was not helpful for Walsall.
- 2.4 In order to move forward, a productive mutual review meeting was held with the Chief Executive of the national Children's Improvement Board and the Children's Improvement Adviser (Peer Review). Learning from this will inform the peer challenge this month, led by Gloucestershire, on children with disabilities as well as future peer reviews and sector led support. The children with disabilities peer challenge scope focuses on both the strategic (*is the right service in the right place for the right children at the right time?*) and operational (*so what difference has this work made in improving outcomes for children?*) improvement priorities. Additionally the scope seeks a view from the challenge team on the fitness for purpose of the post inspection plans and recommendations for the step changes necessary over time to ensure a responsive needs based and outcomes focused service for disabled children and their families in Walsall.
- 2.5 C4EO has been commissioned to provide support in areas relating to performance and quality assurance. At present, an Associate, Data Specialist and Sector Specialist have been assigned with expertise in these areas, and strong links to the regional Children's Improvement Advisor are being maintained. Where appropriate, existing frameworks which meet Walsall's needs are being considered for implementation to reduce cost and increase

pace of change (i.e. not re-inventing the wheel). Sustainability and capacity/skills building are key facets of the work going forward.

- **Performance and data** – a diagnostic review commenced in November, to report in mid-January. Recommendations for improvement, examples of ‘what works’ and support is being provided during the diagnostic to ensure changes can be made immediately where appropriate.
  - **Quality Assurance and Audit** – Sector Specialist has been assigned and first onsite meeting took place in December. Walsall requires an audit framework that is simple, visual and has a common core section across all services, which includes talking to service users and learning from audits.
  - **Complaints** – a brief audit of the current complaints processes will be undertaken. The focus of improvement is to reduce the number of complaints received that reach stage 2 and 3, and ensure learning from complaints is embedded. Complaints reporting will be integrated in performance reporting.
  - **Improvement Plan** - support to identify performance measures for the Improvement Plan to align with the Improvement Notice milestones and targets.
  - **Early Help** - A review of the strategy and services for Early Help has been scoped. Work will focus on ensuring there is a strong strategic approach across the borough with clear referral pathways and measures of impact from early help to statutory intervention.
- 2.6 Support has also been commissioned from The Children’s Society to make recommendations about better listening to the voices and views of children and ensure their voices and views shape, inform and improve service delivery and improve outcomes. The ambition is to co-produce media products with local children and young people (the Council 4 Kids and the Safeguarding Young Inspection Team are keen to help drive this activity forwards) so it is a learning and development activity for them, and a sense of ownership of the product/messages can be developed. The process is designed to build capacity and develop an ongoing legacy and delivery mechanism. The Children’s Society have committed to an ‘in kind’ contribution to this work to reflect our partnership approach with them.
- 2.7 Draft assurance arrangements have been developed in line with the DfE statutory guidance on the roles and responsibilities of the Director of Children’s Services and the Lead Member for Children’s Services and initial discussions for confirming these for Walsall are taking place.
- 2.8 Weaknesses have been identified in the children’s social care commissioning and contract monitoring and work has been scoped to ensure reshaped and improved commissioning for better outcomes arrangements.

- 2.9 Work has also taken place to identify and gather improvement programme oversight capacity.
- 2.10 Based on the scale of the improvement challenge (evidenced by following up lines of enquiry from the Ofsted report and triangulating these with analysis of current data and practitioner and service user views), a strategic improvement plan has been developed to focus on activities to achieve the outcomes required. Because of the post inspection management decisions and the changes in leadership, activities in progress do not necessarily reflect initial timescales from Ofsted. It has been essential to both unpack ill-judged management actions and to establish a baseline to ensure accurate and sustainable improvement priorities.
- 2.11 Recommendations for improved performance reporting are being undertaken so that there will be a monthly progress report on key performance indicators. These will align with the Improvement Notice issued in November
- 2.12 An interim Head of Corporate Parenting has been appointed and will start work in Walsall on 7 January.

### **3. Improving the quality of partnership and governance**

- 3.1 The Borough Management Team have discussed and agreed accountabilities, functions and inter-relationships of the various Partnership Boards concerned with children and young people, and clarified leadership roles and responsibilities.
- 3.2 A multi-agency panel, with representatives from the Police, Health, Education and the Safeguarding Young Inspection team, was successful in appointing a new chair of the Walsall Safeguarding Children Board. Robert Lake brings an impressive track record of social care, health and governance expertise, skill and experience to the post.
- 3.3 The Safeguarding Board met in November and following a presentation by the DCS endorsed the summary baseline position of children services and, in particular, the improvements needed in partnership working as well as the strategic direction of travel for improvements to outcomes for children across the Partnership.
- 3.4 In partnership with The Children's Society we have made a successful submission to the national Children's Improvement Board to work with the WCSB sub-group responsible for child sexual exploitation (CSE) at both strategic and operational levels. This work will take account of the findings of the interim report by the Deputy Children's Commissioner and the University of Bedford research, to assess what is working well, identify gaps and areas to develop further and develop a suite of toolkits to be piloted in Walsall and produced for use in other local authority areas. The proposed stages in working together are:-

- an audit of how well the CARE (children at risk of exploitation) panel is doing.
- identify the core elements for success and the resulting impacts
- identify areas of development and agreement of an action plan
- develop the following toolkits:
  - audit tool for local authorities
  - assessment tool for service/departments
  - performance assessment tool for individual frontline staff
  - CSE tool for reducing level of risk and responding to risk indicators which can be used by children, young people, families and practitioners.

3.5 There has been a focus this month on monitoring the timeliness and quality of complaints handling and an emphasis on modelling and maximising opportunities for informing learning and shaping practice. A brief audit is planned to ensure processes are fit for purpose and that learning is disseminated to improve service delivery.

#### **4. Quality and effectiveness of frontline practice**

4.1 A review of the social care 'front door', using external expertise is taking place. The initial findings confirm the Assistant Director and DCS analysis that fundamental changes are needed. These will be scoped and implemented in the New Year.

4.2 A review of the strategy and services for Early Help has been scoped. Work will focus on ensuring there is a strong strategic approach across the borough with clear referral pathways and measures of impact to ensure children and young people and their families receive support at the earliest opportunity and that staff in all partners agencies understand what to do when children's needs do not meet the threshold for statutory intervention but require targeted multi-agency early help.

4.3 Management arrangements of the children with disabilities team have been changed, through an internal secondment of an experienced manager.

4.4 The governors of Old Hall Community Special school are supporting the head teacher in a day a week secondment to work with the children with disability team and promote and increase children, young people parental, carer and school confidence in the service. Together the new manager and the head teacher provide significant leadership, expertise and skills and will be well placed to take forward the findings of the New Year peer challenge.



## 5. Progress against planned activities

### 5.1 Key improvements this period are:

- Work to engage and mobilise staff and partners in the Improvement activity required to swiftly and sustainably improve outcomes for children
- Clarity around the frameworks and content of the Improvement Plan and performance reporting
- Engagement with sector led and national partners to support the improvement journey

### 5.2 A summary of the number and proportion of activities achieved by RAG rating to provide an indication of overall progress is provided below:

	<b>BLUE</b>	<b>GREEN</b>	<b>AMBER</b>	<b>RED</b>	<b>GREY</b>
	Completed	Work Progressing as expected	Work is not on track but plans are in place to ensure progress by identified timescale	Work is not progressing as expected and needs attention of the Improvement Board	Not yet due to commence
Number of actions	1	29	10	4	14
% of total	1.72%	50%	17.24%	6.90%	24.14%

## 6. Key priority areas for next period

### 6.1 Capacity, capability and culture

#### 6.1.1 The current key priority areas are to:-

- Agree and implement re-shaped performance framework.
- Scope the reshaping of the Children and Young People Plan to reflect the scale and extent of the safeguarding improvement agenda.
- Initiate and review the operation and structure of the Children and Young People Partnership.
- Further develop and communicate the vision and ambition for children.
- Propose a quality management framework for social worker responsibilities and workloads, setting out clear expectations, standards and entitlements.

6.2 Improving the quality of partnership and governance

6.2.1 Continue to grow and evidence emerging impact of learning from complaints on service improvement

6.2.2 Self assessment of WSCB strengths and gaps in relation to support, challenge and scrutiny of safeguarding activity.

6.3 Quality of effectiveness of frontline practice

6.3.1 Propose a framework for thresholds and referral mechanisms to step up to and down from specialist safeguarding services.

6.3.2 Scope the scale of improvement needed to the protocol and practice relating to children missing from home, care or education.



**Walsall Council**

## Walsall Children Services

# Strategic Improvement Plan 2012

Date and Version:	10 <sup>th</sup> Dec 2012  (for 17 <sup>th</sup> Dec 2012 improvement board)
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## Introduction

This Strategic Improvement Plan (SIP) sets out the priority actions that must be delivered to improve the quality of services and the improvements to outcomes for children and young people as detailed in a variety of reports and the Improvement Notice issued by the Department for Education. The content of this plan will evolve overtime as actions are delivered and their impact assessed. This plan is focussed on the immediate strategic actions that need to be undertaken to accelerate and sustain improvements to provide the foundation for continuous improvement.

## Context

This Plan has been developed in response to the June 2012 Ofsted Report on the inspection of safeguarding and looked after children services and the Department for Education (DfE) Improvement Notice issued November 2012 which identified significant weaknesses in our safeguarding services. The findings were more positive in respect of services for looked after children which were judged as adequate and good in some areas. Recognising it is important to strive for improvements in all services; all areas for improvement identified in the Ofsted report are noted and referenced in the improvement plan as are recommendations from the Peer Review that took place in March 2012 and outstanding issues from previous unannounced inspection reports.

The delivery of this SIP will be in the context of emerging policy changes such as focus on adoption and delay, greater focus on children that are looked after, more emphasis on 'early help' offer, implementing the health accountabilities framework, welfare reform and changes in policing arrangements. It is important that sufficient consideration is given to the national context so to ensure improvements will be sustained in this changing environment. In addition the impact of the recession on families and rising demand for social care must be considered as changes are implemented and mainstreamed.

## Governance Arrangements

Corporate governance arrangements remain unchanged. The SIP will be driven by the Improvement Board. The purpose of the Board is to ensure effective, cross-partnership oversight to the delivery of the SIP, enabling it to deliver the requirements set out in the Improvement Notice and Ofsted report.

The Board has an independent chair, approved by the Parliamentary Under Secretary of State for Children and Families. The chair must provide the Parliamentary Under Secretary of State for Children and Families with written monthly reports on a 6 monthly basis and an initial report 2 months after commencement of the notice. The Board meets on a monthly basis and will delegate work to relevant organisations or partnership working groups. Membership includes:

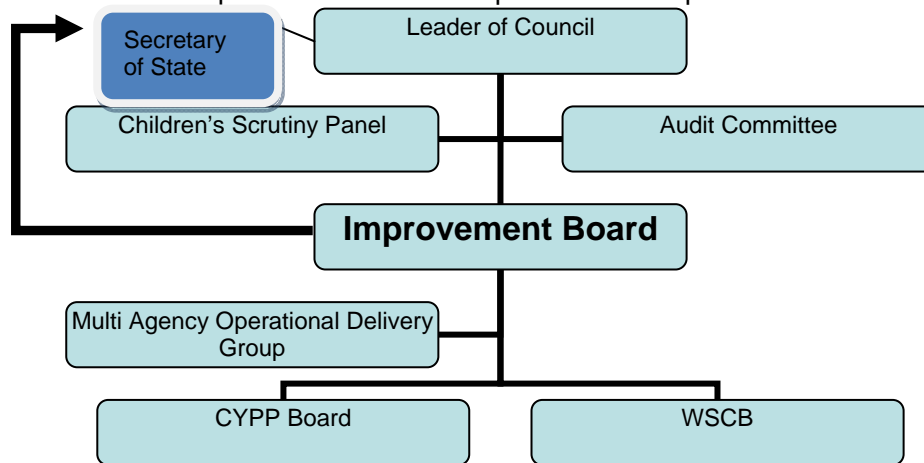
- Council Chief Executive
- Lead Elected Members (Conservative Group and Labour Group)
- West Midlands Police
- Walsall Primary Care Trust (NHS Walsall)
- Walsall Healthcare Trust
- Walsall Safeguarding Children Board
- Primary Schools Forum representative
- Walsall Association of Secondary Head Teachers representative
- Department for Education Participant Observer
- LGA – Children Improvement Board Participant Observer

In addition to reports to the Minister, the Board will report to the Leader of Walsall Council. Its work will also be reported to:

- Walsall Safeguarding Children Board
- The Children and Young People Scrutiny and Performance Panel
- The Council's Audit Committee

- Children and Young People Partnership Board
- Partner’s individual governance arrangements

A baseline of Walsall’s position at October 2012 featured in the November 2012 plan and will be in the performance report in future.



**Model for Improvement**

The SIP is structured into 3 broad themes, in line with the Improvement Notice and is supported by more detailed delivery plans that are owned and managed by operational leads from across a number of services and partner organisations. Operational leads report to the theme lead officers as detailed below:

Improvement Theme	Theme Lead
Improving the quality of partnerships and governance	Rose Collinson (Interim Executive Director Children Services)
Capacity, capability and culture	Rose Collinson (Interim Executive Director Children Services)
Quality and effectiveness of front line practice	Sue Butcher (Interim Assistant Director for Specialist Services)

A multiagency operational group has been established to drive through activity to ensure improvements are delivered and membership includes representatives from all partners and a range of support services (e.g. Human Resources, Communications, PARIS (ICS) team etc.). The role of the group is to:

- Enable delivery of improvements by ensuring issues are addressed and there are no blockages to making necessary changes to current way of operating to ensure outcomes for children improve.
- Co-ordinate updates to Improvement Board and facilitate the monthly monitoring reporting via the provision of timely and accurate updates on activity and impact of activity on children and their families.
- Drive forward the required actions in own organisations / services to deliver required sustained improvements that improve outcomes for children and their families.
- Collectively manage risks associated with the delivery of the SIP.

**Plan Key**

The use of RAG provides a visual of progress made. At the September 2012 Improvement Board meeting it was agreed to apply a 3 RAG rating at objective level but 2 further ratings are proposed from December 2012. The description of each RAG is detailed below:

<b>Grey (Gr)</b>	Not yet started as not yet due to start
<b>Blue (B)</b>	Completed
<b>Green (G)</b>	Work Progressing as expected
<b>Amber (A)</b>	Work is not on track but plans are in place to ensure progress by identified timescale
<b>Red (R)</b>	Work is not progressing as expected and needs attention of the Improvement Board

## Abbreviations

Abbreviation	Explanation
DCS	Director for Children Services
AD SS	Assistant Director for Specialist Services
WSCB	Walsall Safeguarding Children Board
IN	Improvement Notice from DfE, November 2012
IP	Improvement Plan
IB	Improvement Board
OIS 2012	Ofsted Inspection Safeguarding Report – July 2012
PR 2012	Peer Review – March 2012 – reported in May 2012

## Our Current Vision

We believe that all children and young people in Walsall have the right to be healthy, happy and safe, to be loved, valued and respected and to have high aspirations for a successful future.

## Our Values

- We **respect** all children, young people and their families – by listening carefully to their views and acting on them wherever possible.
- We are **open** and **trustworthy** – by making decisions transparently, involving others and doing what we say we will.
- We believe in the **potential** of all children – by doing all we can to support their development and talents.
- We are **caring** and **responsible** – by acting as good corporate parents and going the ‘extra mile’ in our supportive approaches to all children.
- We will **protect** vulnerable children and young people – by taking firm urgent action when needed, sharing information and not tolerating oppressive behaviour.
- We engage with children and young people, helping to **empower** them through supporting their **aspirations** and giving them **responsibility**.

- We **celebrate** and support cultural diversity and children’s sense of identity.

## Our Standards

In addition to delivering against the objectives in the Improvement Notice and the recommendations from Ofsted and previous Peer Review we will ensure:

- Prompt action is taken to safeguard children and young people.
- Feedback from children and their families shapes and informs future service design and delivery.
- Quality assurance and performance management is rigorous.
- Partners work together to secure and embed improvements.
- External challenge is used to support and challenge sustained improvements.
- A learning culture is nurtured.

## Delivering Outcomes

Delivering the required improvements seeks to achieve the following outcomes for children and their families:

1. All Children and Young People are effectively protected and not left at significant harm.
2. Provision of a range of preventative services is in place which avoid unnecessary family breakdown and target support for children with additional needs.
3. Clear quality assurance and performance framework in place which support continuing improvement in the quality and effectiveness of support to vulnerable children.
4. The quality of individual supervision ensures safe and effective practice.
5. Feedback from individual children, families and staff improves and shapes practice.
6. Policies, procedures and practice standards support safe, good quality multi-agency practice with children and families.

7. A culture of accountability is developed with managers, staff and partners holding each other to account with action taken when required to challenge poor and unacceptable performance.
8. The ambition for children and young people across Walsall is understood and endorsed in practice throughout the council and across the partnership.
9. Clear multi-agency thresholds in place, shared with and understood by all partners, which ensure children access appropriate services and that there is consistency in referrals across all agencies.

# THEME 1 - IMPROVING THE QUALITY OF PARTNERSHIP AND GOVERNANCE

*Theme Lead: Rose Collinson*

## Outcomes:

1. There are robust partnership and governance arrangements that are rigorously followed and achieve positive outcomes for children and their families across all services.
2. Clear multi-agency thresholds in place, shared with and understood by all partners, which ensure children access appropriate services and that there is consistency in referrals across all agencies.
3. A culture of learning across all agencies generates continuous improvement.

References		Action	Timescale	Lead Person(s)	Measures	Review note for this period	R A G
Action No.	Reference to:						

**Strengthen the role and leadership of Walsall Safeguarding Board (WSCB) in areas of support, challenge and scrutiny of safeguarding activity to:**

- *Establish clear multi agency thresholds;*
- *Implement a borough wide multi-agency quality audit system;*
- *Provide evidence of the implementation of recommendations from serious case reviews;*
- *Put arrangements in place for prompt information sharing;*
- *Support the clinical commissioning group to discharge their safeguarding responsibilities.*

1.1	<b>IN 3.1</b>	WSCB Board to be asked to review the effectiveness of current multi-agency thresholds to ensure children access appropriate services and that there is consistency in referrals across all agencies. This will take into account Ofsted's recommendations and feedback from partner agencies; link to developing Early Help and pathways to provision and children's social care safeguarding 'front door' actions so that multi-agency thresholds are transparent and are understood and endorsed by partner agencies.	WSCB to consider – 31 Jan 2013  Plan for WSCB work – 31 Mar 2013  Following timescale to be set by WSCB	Rose Collinson	<ul style="list-style-type: none"> <li>• WSCB have required action agreed and built into their work plan, which includes defining timescales and measures of success.</li> </ul>	New WSCB chair -appointed and starting Dec 2012 - to be approached to take this forward as a priority. Once achieved, this action will be amended and the lead person will be the WSCB Chair.	<b>Gr</b>
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1.2	IN 3.1	WSCB to review its governance and structure (subgroups) to ensure it meets LSCB good practice guidelines and evidences effectiveness.	Jun 2013	WSCB Chair	<ul style="list-style-type: none"> <li>Self-assessment and Peer Review of WSCB is good.</li> </ul>	To be discussed with new WSCB chair in Dec 2012.	G
1.3	IN 3.1	WSCB to be asked to review quality and effectiveness of current multi-agency audit arrangements, recommend improvements and generate change.	<p>WSCB to consider – 31 Jan 2013</p> <p>Plan for WSCB work – 31 Mar 2013</p> <p>Following timescale to be set by WSCB</p>	Rose Collinson	<ul style="list-style-type: none"> <li>WSCB have required action agreed and built into their work plan, which includes defining timescales, measures of success and monitoring arrangements.</li> </ul>	<p>Head of Safeguarding in children's social care is leading on undertaking and developing multi-agency audits and a limited amount have been completed. This work is being supported by C4EO.</p> <p>New WSCB chair appointed and starting Dec 2012 to be approached to take this forward as a priority. Once achieved, this action will be amended and the lead person will be the WSCB Chair.</p>	G
1.4	IN 1.7, 3.1 OIS 2012	WSCB to improve challenge and quality assurance standards to ensure the delivery of front line safeguarding services and partnership work is effective	30 Apr 2013	WSCB Chair	<ul style="list-style-type: none"> <li>Multi-agency quality assurance standards in place;</li> <li>Audits show adherence to quality assurance standards</li> <li>Safeguarding Inspection Team (young inspectors) deployed to undertake audits.</li> </ul>	To be discussed with the new WSCB Chair in Dec 2012.	Gr
1.5	IN 3.1	Ensure there is evidence of the systematic implementation of recommendations from serious case reviews (SCR), Peer Reviews and complaints and compliments and their subsequent impact in shaping and informing practice.	30 Apr 2013	WSCB Chair	<ul style="list-style-type: none"> <li>Relevant performance reports including SCR and complaints and compliments data</li> </ul>	By Feb 2013, Head of Safeguarding to assimilate learning from national SCRs and Peer Reviews and ensure that the recommendations from Walsall's most recent SCR and Peer Review have been implemented as appropriate.	A

		WSCB to establish levels, standards, reporting and quality of learning at single agency (i.e. schools, health sector, police) as well as on a multi-agency basis.				Assistant Director for Specialist Services to work with C4EO to lead a review of social care complaints and compliments system and the implementation of actions planned.  Regular monitoring on complaints and compliments in place from November 2012.	
1.6	OIS 2012 IN 3.1	Put in place effective arrangements for prompt and sustained information sharing once a child enters the care system so that coherent health support is provided (LAC notification process).  Work with Children's Society to develop measures of how we will know children are healthy.	Feb 2013	Head of Corporate Parenting <i>(to be appointed)</i>	<ul style="list-style-type: none"> <li>• Health and Education are aware of all children becoming and ceasing to be looked after.</li> <li>• Health checks are completed on time</li> <li>• LAC reviews</li> <li>• Children report being healthy.</li> <li>• Reviews by Safeguarding Inspection Team (Young Inspectors)</li> </ul>	Head of Corporate Parenting will take the lead on this when appointed. (Planned start date is Jan 2013). In the meantime, processes being identified including modifying PARIS (business support system) as an option.	Gr
1.7	IN 3.1	The Clinical Commissioning Group (CCG) has effective arrangements in place to discharge their safeguarding responsibilities with clarity about the role and remit of designated and named professionals and the impact of their strategic professional leadership.	31 Oct 2012  Review: 30 Jun 2013	Salma Ali	<ul style="list-style-type: none"> <li>• To be determined</li> </ul>	CCG submitted report to IB report October 2012 which sets out that arrangements will be in place by April 2013 and what these will be.  To be monitored and checked that they are sustainable once CCGs become statutory bodies, after April 2013	G
1.8	IN 3.1	Ensure that there is efficient and effective planning and review in all aspects of working with children and young people.	31 May 2013	Rose Collinson	<ul style="list-style-type: none"> <li>• Detailed timescales, measures of success will be agreed with the Children's Society by</li> </ul>	Strategic actions to improve 'the voice of the child' to be undertaken across all children's services from January 2013, to	Gr

					Jan 2013.	include the new Head of Corporate Parenting; Safeguarding Inspection Team (Young Inspectors); the Children's Society and other key stakeholders. Work with Children's Society already commissioned  A meeting is planned for 14 <sup>th</sup> December with the Children's Society.	
1.9		Work with schools to ensure there is a communications protocol which is understood and followed by police, schools and social care.	Rushall: 31 Jan 2013  Others: 30 Jun 2013	Sue Butcher, Jane Parry, Kate Bargh	<ul style="list-style-type: none"> <li>Engagement with head teachers improves;</li> <li>Reduction in formal and informal complaints from Head Teachers;</li> </ul>	Good progress made with one primary school (Rushall) Police and Social Care.	G
1.10		Ensure the local partnership achieves the key success factors from the health outcomes framework through the work of the Health and Wellbeing Board.	To be agreed by shadow HWBB	Paul Sheehan	<ul style="list-style-type: none"> <li>HWB board is effective</li> <li>Children report feeling healthy</li> </ul>	Not started	Gr
1.11	IN 3.1	Ensure the involvement of partner agencies in the protection of children and young people in accordance with 'Working Together'.	WSCB to consider – 31 Jan 2013  Plan for WSCB work – 31 Mar 2013  Following timescale to be set by WSCB	WSCB Chair	<ul style="list-style-type: none"> <li>WSCB have required action agreed and built into their work plan, which includes monitoring</li> </ul>	New WSCB chair - appointed starting Dec 2012 - to be approached to take this forward as a priority. Once achieved, this action will be amended and the lead person will be the WSCB Chair.	Gr
1.12		Strategic review and challenge of improvement plan to take account of new inspection arrangements due to be	To be determined by Ofsted	Rose Collinson	<ul style="list-style-type: none"> <li>Improvement plan reflects new inspection standards</li> </ul>	This action will be implemented once Ofsted announce the new multi-agency inspection	

		implemented in June 2013.				framework guidance expected in the New Year.	
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## THEME 2 - CAPACITY, CAPABILITY AND CULTURE

*Theme Lead: Rose Collinson*

### Outcomes:

1. Policies, procedures and practice standards support safe, good quality multi-agency practice with children and families.
2. A culture of accountability is developed with managers, staff and partners holding each other to account with action taken when required to challenge poor and unacceptable performance
3. The ambition for children and young people across Walsall is understood and endorsed in practice throughout the council and across the partnership.

**Implement a comprehensive programme of induction, training, mentoring and continuous professional development for all children and families staff – and working with partners to implement this within their own organisations - to ensure staff have the skills to complete high quality and timely assessments. Attention must be paid to the eight standards for employers of social workers<sup>1</sup>. In particular, ensure that this programme includes training for staff and managers on risk analysis. The Council should report the impact the training has on improving outcomes for children to the Improvement Board.**

References		Action	Timescale	Lead Person(s)	Measures	Review note for this period	R A G
Action No.	Reference to:						
2.1	OIS 2012  IN 2.1	Walsall Healthcare NHS Trust must ensure that all front line staff who have regular contact, or work predominately, with children and their families attend appropriate child protection training and that learning outcomes are monitored.	30 Apr 2013	Richard Kirby	<ul style="list-style-type: none"> <li>• Training data shows 100% compliance</li> <li>• Evaluation data evidences that the training is effective.</li> </ul>	Board will receive an update report at the December meeting detailing compliance levels and direction of travel as at Nov: at level one 95% compliance, level two 36% and level three 39%.	A

<sup>1</sup>[http://www.local.gov.uk/web/guest/workforce/-/journal\\_content/56/10171/3511605/ARTICLE-TEMPLATE](http://www.local.gov.uk/web/guest/workforce/-/journal_content/56/10171/3511605/ARTICLE-TEMPLATE)

2.2	IN 2.1	Children's Social Care to audit quality, extent and take up of workforce learning and development plans under the 8 key standards, to ensure workforce development is in place and effective.	31 May 2013	Sue Butcher	<ul style="list-style-type: none"> <li>• Training data shows 100% compliance</li> <li>• Evaluation from training events.</li> <li>• Feedback from appraisals.</li> </ul>	Not started.	Gr
2.3		WSCB to audit quality, extent and take up of individual agency workforce learning and development plans to ensure single agency safeguarding and workforce development is in place and effective.	30 Apr 2013	WSCB chair	<ul style="list-style-type: none"> <li>• WSCB has audited workforce plans and they are satisfactory</li> </ul>	Not started. New chair in place from Dec 2012  There is a Children and Young People's Partnership workforce strategy which needs to be refreshed. There is a read across to this task.	Gr
2.4		WSCB to provide a programme of multi-agency induction, training, mentoring and CPD.	30 Apr 2013	WSCB chair	<ul style="list-style-type: none"> <li>• Feedback from participants</li> </ul>	Not started – as above	Gr
<p><b>Social worker responsibilities and workloads</b> are clearly and tightly defined and reviewed, and staff have a manageable and equitable range of work consistent with their level of experience and competence. Evidence must be provided to show that supervision and support meets social workers needs and that practitioners' workloads do not prevent them carrying out what they and their managers feel to be effective social work practice. Ensure that workloads and supervision take into account the experience of social workers' ensure attention is paid to case allocation and case management and that a workload management scheme is used. It is vital that those with responsibility for supervising social workers have relevant experience and have the opportunity to access training and support to fulfil this responsibility. Ensure that the Improvement Board receives management information to confirm that this is achieved and sustained.</p>							
2.5		Collate directory of all current policies and procedures, including TriX, and implement programme of review/updates to ensure policies and procedures are fit for purpose, communicated to all staff, reflect best practice and are regularly updated.	31 Jan 2013	Helen Dudson	<ul style="list-style-type: none"> <li>• Staff aware of all procedures and how to access them</li> <li>• Audits highlight compliance</li> <li>• Reduction in complaints where procedures have not been followed</li> </ul>	This is a new action identified at a strategic planning meeting on 5 <sup>th</sup> December.	Gr

2.6	IN 2.2	Quality Assurance Framework (QAF) to be developed that sets out responsibilities, expectations and standards for social workers, first line managers, operational and strategic managers.	31 Jan 2013	Graham Reiter	<ul style="list-style-type: none"> <li>QAF in place</li> </ul>	<p>In process of being developed.</p> <p>Some case audits are taking place but it is patchy and results do not yet inform learning.</p>	G
2.7		Develop clear practice standards for case recording linked to the QAF to include in particular the recording of all visits, voice of the child, decisions and management oversight, and managing risk.	31 Jan 2013	Sue Butcher	<ul style="list-style-type: none"> <li>Recording on case files and PARIS is accurate, timely and complete as evidenced by production of management information; data quality reports; case audits.</li> </ul>	<p>Identification of this action in Nov 2012 from initial feedback from C4EO performance and data diagnostic. To be taken forward as part of QAF and data developments planned for January 2013</p>	G
2.8	IN 2.2	Ensure staff supervision is consistent and of good quality through the review of policy and supervision practice, to ensure that professionals can evidence the impact of supervision on their practice and outcomes for children and staff feel supported.	28 March 2013	Sue Butcher	<ul style="list-style-type: none"> <li>Feedback from Social Work Health Check.</li> <li>% workers who receive monthly supervision</li> <li>% audited supervision records that evidence challenge; scrutiny; reflection; development of practice; CPD</li> <li>% of case file audits that evidence management oversight.</li> </ul>	<p>Current supervision policy is being revised; quality supervision audit tool being developed; telephone quality audit tool available and audit will be completed in April 2013. Effective supervision will feature in the team manager development programme, after which further quality improvements will be defined. The Social Work Health Check notes that 66.3% received formal supervision at least once a month. 83% were satisfied or very satisfied with supervision.</p>	G
2.9		Undertake a team manager development programme.	30 Jun 2013	Sue Butcher	<ul style="list-style-type: none"> <li>Team Managers report increased confidence in their role.</li> <li>Retention of team managers</li> </ul>	<p>Bespoke programme commissioned from experienced trainer. First session planned for Jan/Feb 2013</p>	G

					<ul style="list-style-type: none"> <li>Measures as above</li> </ul>	<p>Programme will include supervision, responding to complaints, auditing, financial awareness, commissioning,</p>	
2.10		Ensure that the voice of staff is central to workforce development and that staff are kept informed of the improvement journey.	Dec 2012 and ongoing	Sue Butcher	<ul style="list-style-type: none"> <li>Social Work Health Check</li> <li>Staff briefings and feedback</li> <li>Feedback from Senior Managers 'walking the job'.</li> <li>Briefings to partner agencies</li> <li>Staff Charter co-produced with staff.</li> </ul>	<p>Closing date for responses to Health Check received. 50% response rate. Head line results included in DCS report – full response to next meeting.</p> <p>Feedback received during first staff briefing session. Briefings planned on a monthly basis for 6 months.</p> <p>Staff report that senior managers are more visible than previously.</p>	G
2.11		Define requirements and activities for a Principal Social Worker now, and revise in six months time, prior to appointment of interim Principal Social Worker,	Define requirement – 31 <sup>st</sup> Dec 2012 Appointment - tba	Sue Butcher	<ul style="list-style-type: none"> <li>PSW in post and functions being fulfilled.</li> </ul>	<p>Work commenced to define requirements, which concludes that a permanent appointment cannot be made yet as requirements likely to change. Permanent appointment dependent on identification of requirements.</p> <p>Interim capacity actively sought</p>	G
<p><b>Ensure leadership, scrutiny and challenge is exercised and impacts on the quality and effectiveness of safeguarding and looked after children services.</b> Ensure these arrangements are sustained after improvements have been made.</p> <ul style="list-style-type: none"> <li>A culture of accountability is developed with managers, staff and partners holding each other to account with action taken when required to challenge poor and unacceptable performance.</li> <li>Elected members of the Council understand and deliver their corporate parent role for looked after children</li> </ul>							

<ul style="list-style-type: none"> <li>○ <i>Effective assurance arrangements are in place within the Council and across the partnership in line with DfE statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children Services.</i></li> <li>○ <i>The ambition for children and young people across Walsall is understood and endorsed in practice throughout the Council and across the partnership.</i></li> </ul>							
2.12		<p>Develop a culture of accountability through QAF to ensure we are working with the right children at the right time in the right way.</p> <p>See 2.6 above.</p>	28 Feb 2013	Sue Butcher	<ul style="list-style-type: none"> <li>• QAF in place</li> </ul>	<p>QAF being developed</p> <p>Some case audits are taking place but it is patchy and results do not yet inform learning.</p>	A
2.13	IN 2.2	<p>Ensure social workers' responsibilities and workloads are kept under review to ensure they are clearly and tightly defined and that staff have a manageable and equitable range of work consistent with their level of experience and competence.</p>	May 2013 and then ongoing.	Sue Butcher	<ul style="list-style-type: none"> <li>• Supervision monitoring – compliance and quality</li> <li>• Appraisals carried out and results fed into workforce development.</li> <li>• Observations of Practice are carried out and results fed into workforce development.</li> <li>• Feedback from staff (see 2.10)</li> <li>• Caseload reports from PARIS</li> <li>• Skills Audit</li> <li>• Supervision Weighting tool</li> </ul>	<p>See 2.10, also headline results from Social Work Health Check in 2.8.</p> <p>Supervision weighting tool will be revised to establish its effectiveness.</p>	A
2.14	IN 2.3	<p>Ensure that elected members have the support and information to scrutinise and challenge the performance of children's services.</p>	Jan 2013 and ongoing	Paul Sheehan	<ul style="list-style-type: none"> <li>• Overview and Scrutiny committees held during the year</li> <li>• Regular meetings between lead member and DCS</li> <li>• Scrutiny members visiting teams.</li> </ul>	<p>Chair of Improvement Board has attended Overview and Scrutiny committee and outlined his role.</p> <p>Paper presented to committee outlining responsibilities giving direction about appropriate</p>	G



						<p>challenge and queries to officers.</p> <p>Weekly briefings from DCS to lead member.</p> <p>Some arrangements being made to visit teams.</p> <p>Regular meetings with chair of Overview and Scrutiny panel.</p> <p>Guidance given out and discussed during Scrutiny meeting Oct 2012</p>	
2.15	IN 2.3	Put in place assurance arrangements within the council and across the partnership in line with DfE statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children Services.	Feb 2013 and ongoing	Paul Sheehan	<ul style="list-style-type: none"> <li>Assurance measures agreed between CE, LM and DCS and monitored in quarterly assurance meetings.</li> </ul>	Early initial discussions on proposed assurance arrangements have taken place with CE and LM.	A
2.16	OIS 2012 (20)	Ensure there is sufficient capacity in children's services and other stakeholders to generate improvements required, and which is sustainable.	31 Jan 2013 and ongoing,	Paul Sheehan	<ul style="list-style-type: none"> <li>Spend agreed</li> <li>Capacity Commissioned</li> <li>Monitoring of additional capacity</li> <li>Internal capacity in place</li> </ul>	<p>Resource plan for CIB money £100k submitted. Further additional capacity has been costed and provisionally agreed. Additional capacity has been commissioned through C4EO, The Children's Society, Peer Challenge (CWD Gloucestershire), 4 day per month secondment of Head Teacher (CWD), dpr consulting and independent consultancy.</p> <p>Some internal staff time also identified.</p> <p>DCS has made 'corporate asks'</p>	G

						<p>from corporate colleagues.</p> <p>DCS and AD SS have drafted the resourcing plan.</p> <p>Some physical capacity needs also identified, e.g. interview rooms. Some costs covered in resourcing costs but need further scoping.</p>	
2.17		Evaluate the effectiveness of the decisions and actions taken in the immediate post inspection period to ensure that they are fit for purpose	31 Dec 2012	Rose Collinson/ Sue Butcher	<ul style="list-style-type: none"> <li>Feedback from staff</li> <li>Reduction in case loads</li> <li>Improvement Board monitoring</li> </ul>	There has been significant 'baselining' and review of reaction to the inspection to provide a more robust plan to improve. Several actions have needed to be put on hold to allow staff to practice more effectively and with more confidence.	G
2.18		<p>Set out a statement of vision and ambition for Children Services that takes account of the required improvements.</p> <p>Gain endorsement to this vision and commitment in practice to delivering ambitious improvements</p>	December 2012 onwards	Rose Collinson	<ul style="list-style-type: none"> <li>Vision agreed and endorsed in practice by partner agencies</li> </ul>	<p>Session held to scope vision.</p> <p>Staff briefing circulated.</p> <p>Plans for next steps being agreed.</p>	G
2.19		Gain partner endorsement and commitment to Improvement Plan, timescales and measures	December 2012 onwards	Rose Collinson	<ul style="list-style-type: none"> <li>Partner agreement to baseline position</li> <li>Formal endorsement of strategies, priorities and direction of travel</li> </ul>	Partner feedback informed redraft of Improvement Plan for December Board	A
2.20		The WSCB provides robust oversight and challenge and meets statutory requirements in all respects	December 2012 onwards	Rose Collinson	<ul style="list-style-type: none"> <li>Self assessment and peer review meet criteria for 'good' plus other measures and review notes in Theme 1 of Improvement Plan.</li> </ul>	<p>Appointment via multi-agency panel of Board Chair able to swiftly and sustainably drive this agenda forwards.</p> <p>WSCB have endorsed baseline position.</p>	G

						Handover session with outgoing chair on 19 December.  Facilitated session with new chair planned in January 2013.	
2.21		Members of key Partnership Boards charged to drive forwards improvements for children commit to their strategic roles, responsibilities and understand the inter-relationships between their respective boards	December 2012 onwards	Paul Sheehan	<ul style="list-style-type: none"> <li>Functioning Boards, fit for purpose</li> </ul>	<p>Borough Management Team agenda Item for November meeting.</p> <p>Appointment of new WSCB chair.</p> <p>Children's Partnership Board review planned for New Year.</p>	A

### THEME 3 - QUALITY AND EFFECTIVENESS OF FRONT LINE PRACTICE

*Theme Lead: Sue Butcher*

**Outcomes:**

1. All Children and Young People are effectively protected and not left at significant harm.
2. Provision of a range of preventative services is in place which avoid unnecessary family breakdown and target support for children with additional needs.
3. Clear quality assurance and performance framework in place which support continuing improvement in the quality and effectiveness of support to vulnerable children.
4. The quality of individual supervision ensures safe and effective practice.
5. Feedback from individual children, families and staff improves and shapes practice.

***Improve the quality, and consistency of initial and core assessments by taking account of the safeguarding risks to the children and young people and***

<p><i>ensuring their views are recorded, where this is appropriate. Take account of the analysis and views of the Council's partners and ensure all assessments are completed to the timescales set out in statutory guidance 'Working Together'<sup>2</sup>. Ensure that the assessment informs decision making and planning in line with statutory guidance. Ensure that qualitative evidence arising from performance management systems and case audits confirm that this has been carried out satisfactorily.</i></p>							
References		Action	Timescale	Lead Person(s)	Measures	Review note for this period	R A G
Action No.	Reference to:						
3.1	IN 1.1	Ensure that social care thresholds are clear and transparent and understood and endorsed by partner agencies through developing communications strategy; single agency and multi-agency audits and feedback; individual work with partners; WSCB audit (in Feb 13) and review of results at subsequent WSCB meeting.	28 Feb 2012	Graham Reiter	<ul style="list-style-type: none"> <li>Qualitative feedback from partners via WSCB</li> <li>WSCB Audit undertaken and responses from at least 60% of agencies.</li> <li>Minutes of WSCB</li> <li>Report to March IB</li> <li>Meetings clearly state action to improve which are incorporated into IP.</li> <li>Reduction in proportion of referrals which are NFA from Apr 2013.</li> <li>Feedback from partner agencies.</li> </ul>	Independent review of 'the front door' underway and due to be completed in January 2013;	G
3.2	OIS 2012 IN 1.1, 1.2, 1.5, 1.7	Implement a robust system of decision making and management oversight at the point of contact with children's social care	28 Feb 2012		<ul style="list-style-type: none"> <li>Case file audit analysis shows compliance</li> <li>100% of cases are authorised by a manager on PARIS</li> <li>Recruitment of permanent Operations Manager post.</li> </ul>	Review of front door being undertaken; authorisation processes on PARIS under review.	G

<sup>2</sup> Statutory Guidance: 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children'  
<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00305-2010>

3.3	OIS 2012  IN 1.4, 1.6 1.1, 1.2, 1.5, 1.7	Ensure that assessments are of a satisfactory quality, contain an explicit assessment of risk, are fit for purpose; are child-centred and include evidence of children being seen. Assessments provide a satisfactory standard of analysis and are updated to take into account changes in circumstances.  Practice is sustainable and expectations for standards set.	31 Mar 2013	Sue Butcher	<ul style="list-style-type: none"> <li>• Case file audit analysis shows compliance</li> <li>• % of assessments clearly evidencing that risk has been appropriately assessed</li> <li>• % assessments where child is seen</li> <li>• Managers quality check assessment before sign off</li> <li>• Supervision records</li> <li>• Completion of work on PARIS</li> </ul>	Safeguarding AD identified issues and confusion in social work practice, and 'unpacking' ways to improve effectiveness; 10 day initial assessment timescale set rather than 7 days; Use of signs of safety risk assessment processes clarified with staff; processes on PARIS to report 'child seen' being reviewed.	G
3.4	OIS 2012 1.1, 1.2, 1.5 1.7	Ensure children are visited with a frequency linked to the level of their need are always seen alone during statutory visits and that their views are recorded on case files.	31 Mar 2013	Sue Butcher	<ul style="list-style-type: none"> <li>• Audit of Supervision – quantity and quality.</li> <li>• Observation of practice</li> <li>• % visits where child seen alone and views recorded.</li> <li>• Work on PARIS completed.</li> <li>• Case file audit analysis shows compliance</li> </ul>	Supervision policy; being revised. Manual monitoring of visits introduced; Develop PARIS to record as a PI; communication and engagement sessions with staff about direct work with families as a core message.	G
3.5		Further develop social work practice and processes based on results of initial work ; improvement board actions and reporting of more reliable and systematic and system wide data	31 June 2013	S Butcher	<ul style="list-style-type: none"> <li>• Tba</li> </ul>	Tba	Gr
3.6		Recruit to vacant Head of Service post	31 Jan 2013	S Butcher	<ul style="list-style-type: none"> <li>• Person in post</li> </ul>	Recruitment underway. Interviews to be held 15 December 2012	G
3.7	OIS 2012 1.2, 1.4, 1.7	Work with Police to ensure the involvement of police officers and all other relevant professionals in strategy	Immediate and ongoing	Anne Thompson	<ul style="list-style-type: none"> <li>• % strategy discussions attended by Police</li> <li>• % S47 enquiries with</li> </ul>	Fortnightly operational meetings between Police and Head of Service; Interim	G

		discussions and meetings and Section 47 investigations			police involvement	process for monitoring commitment to attendance in place and monitored; AD meeting with Police representative to ensure joined up monitoring in place.	
3.8	OIS 2012 1.1, 1.2, 1.7	Ensure that core groups meet regularly	Identify baseline and target to be set Jan 2013; First target set Mar 2013	Graham Reiter	<ul style="list-style-type: none"> <li>• Baseline set</li> <li>• % children subject of CP Plan who did not have core group meetings to timescale</li> <li>• Attendance statistics</li> <li>• Work on PARIS completed.</li> </ul>	Reporting from PARIS and IROS to be implemented; baseline information to be obtained about current frequency of meeting.	A
3.9	OIS 2012 1.3, 1.4	Ensure that the children with disabilities team and partner agencies provides a satisfactory service for disabled children and takes full account of the safeguarding needs of disabled children.	Feb 2013 – peer challenge report; Team plan in place – Feb 2013	Sue Butcher	<ul style="list-style-type: none"> <li>• Feedback from CWD</li> <li>• Feedback from parents</li> <li>• Reduction in number of complaints received in relation to the service provided for CWD</li> <li>• Feedback from Staff</li> <li>• Case file audits</li> </ul>	Reactive post inspection actions reviewed and revised. New Operations Manager in place. Peer challenge agreed and to take place Jan 2013; Head Teacher seconded to assist for four days per month from January. Scope for improvement work written;	G
3.10		Undertake a review of all open children with disabilities cases to identify immediate actions or changes to services that may be required.	30 Nov 2012	Sue Butcher	<ul style="list-style-type: none"> <li>• Assurances provided that all issues with past casework are addressed and cases are now managed on a 'business as usual' basis.</li> </ul>	Achieved. Review undertaken in Aug and remedial actions implemented.	B
3.11	OIS 2012 1.4, 1.5	Review current LADO arrangements and implement changes to ensure that the LADO arrangements are in keeping with national guidance	31 Mar 2013	Graham Reiter	<ul style="list-style-type: none"> <li>• WSCB audit LADO arrangements and find them satisfactory.</li> </ul>	Recruitment to permanent LADO post required before all actions can be undertaken – interviews Dec 2012. Previous difficulties recruiting to this post.	R

3.12	OIS 2012 IN 1.1, 1.3	Implement the routine use of chronologies in children's social care services	31 Mar 2013	Anne Thompson	<ul style="list-style-type: none"> <li>• There is a chronology on file for every new case, measured in case audit and supervision.</li> </ul>	Prior actions to backdate chronologies which put staff under pressure post inspection now moderated and a realistic programme of chronologies for new cases being implemented in a planned and incremental way.	A
3.13	OIS 2012 2.2	Ensure that cases are allocated to suitably qualified, skilled and experienced staff	31 Mar 2013	Sue Butcher	<ul style="list-style-type: none"> <li>• % children subject of CPP not allocated to qualified worker;</li> <li>• % children looked after not allocated to a qualified worker</li> </ul>	Allocation: Some cases have been re-allocated to achieve this; and further reallocation to occur in a planned way Workforce: see Theme 2 for activities to increase the number of qualified, skilled and experienced staff.	A
<p><i>Improve the quality, delivery and management of child protection plans by ensuring that all child protection plans comply with 'Working Together' including ensuring that the plans set out the actions that must be taken and by whom and the outcomes to be achieved with timescales. Ensure that evidence of management oversight of case work and decision making is set out in detail on each case file and information arising from case audits confirms that this has been carried out satisfactorily.</i></p>							
3.14	OIS 2012 1.2	Ensure that child protection plans are focused on risk and are clear about what needs to change and how this change will be supported <i>(This was an immediate action from Ofsted inspection)</i>	Mar 2013	Graham Reiter	<ul style="list-style-type: none"> <li>• Case file audit</li> <li>• Audit of CP plans complete</li> <li>• Timescale of Children subject of CP Plans appropriate.</li> <li>• IRO'S reporting.</li> </ul>	After inspection, a management instruction was given that a Signs of Safety risk assessment was to be put on all case files with immediate effect. This put staff under huge pressure and in addition many were using this tool without training, this proved ineffective and may have masked risk. This has now been rationalised. 'Risk' is to be seen as an integral part of assessment. Some multi-agency audit has been undertaken. A review of children subject of	R

						CP Plan for over 1 year will be undertaken by April 2013.	
<p><b>Develop and implement a whole systems framework</b> to manage families' pathways from early help to statutory intervention. As part of this develop and implement early intervention services with thresholds and referral mechanisms to step up to and down from specialist safeguarding services which will ensure that children, young people and their families receive support at the earliest opportunity. Ensure thresholds and criteria for assessment of the child<sup>3</sup> and what to do when children and young people do not meet the threshold for statutory intervention but require targeted, multi agency, or early help, are communicated, understood and applied consistently across all partner agencies. Improvements would reflect a reduction in re-referral rates and positive feedback from partners and staff that children are receiving the help they need when they need it. Review and monitor the use of thresholds and criteria to ensure their effectiveness.</p>							
<p><b>Develop and implement a system of risk assessment</b> that will inform all decisions, including Child Protection and Children in Need Plans to ensure consistent judgments are made about the levels of risk, following "the Conceptual Framework for Thinking about Risk Assessment and Case Management in Child Protective Service"<sup>4</sup>. Ensuring that all staff (including across the partnership) are engaged in safeguarding work are applying the 'Conceptual Framework' in their practice and that management information and the audit of the case files provide evidence that this is being done and the quality of social work practice is improving.</p>							
3.15		Put in place a whole system framework to managing families' pathways from early help to statutory intervention.	June 2013	Louise Hughes and Sue Butcher	<ul style="list-style-type: none"> <li>Reduction in referral, LAC &amp; CPP rates</li> <li>Outcome measures to be determined during the work.</li> <li>Use of distance travelled tool</li> <li>Positive feedback from staff and families</li> </ul>	Plans to commission support in this area underway with work due to start in January. Work has been scoped.	G
3.16	OIS 2012 1.3	Ensure that a robust system is implemented to avoid delay and assess at the earliest stage whether children and young people need to be in care.	March 2013	Anne Thompson	<ul style="list-style-type: none"> <li>Evidenced in audits.</li> <li>Feedback from CYP about feeling safe</li> </ul>	Spurgeons (commissioned service) are already undertaking work in longer term prevention of reception into care. Some 'Think Family' workers are being aligned to the social care front door to undertake	G

<sup>3</sup> under section 17 of the Children Act 1989

<sup>4</sup> "the Conceptual Framework for Thinking about Risk Assessment and Case Management in Child Protective Service" as described in Statutory guidance 'The Framework for The Assessment of Children in Need and Their Families'

<https://www.education.gov.uk/publications/eOrderingDownload/Framework%20for%20the%20assessment%20of%20children%20in%20need%20and%20their%20families.pdf>



						crisis work for children at immediate risk of being received into care. In terms of risk assessment, refer to action above.	
3.17	OIS 2012 1.3	Ensure that the domestic abuse referral team (DART) is appropriately staffed and resourced and provide a consistent and good quality response to assessing the risk to children of domestic abuse incidents.	June 2013	Anne Thompson	<ul style="list-style-type: none"> <li>% vacancies in DART team.</li> <li>Case file audit analysis shows compliance</li> </ul>	Multi-agency DART meetings are being held but work stills need to be undertaken to identify improvements, which will partly be determined by recruitment of staff to this team which is problematic.	R
3.18		Review the service offered to children who are witnessing domestic abuse across the partnership to ensure that they are protected from significant harm.	To be agreed by WSCB	WSCB Chair	<ul style="list-style-type: none"> <li>Multi-agency DART meetings review and report success in this area</li> <li>Reduction in referrals and CP Plans due to domestic abuse.</li> </ul>	To be progressed once new WSCB chair in place from Dec 2013	Gr
3.19		Review leaflets and materials for children, young people and their families to ensure they reflect current processes, standards and referral pathways so that they are able to access the right help at the right time, and understand the services being provided for them.	30 Sep 2013	Rose Collinson	<ul style="list-style-type: none"> <li>Reduction in complaints</li> <li>CYP and parents are aware of support available and what services are provided.</li> </ul>	This is a new action identified at a strategic planning meeting on 4 <sup>th</sup> December. Once improvements and changes are achieved, literature for children and their families and carers will need to be reviewed to ensure it is still relevant and effective.	Gr
<p><b>Ensure the Council's quality assurance systems are prepared</b> in line with the Safeguarding Improvement Plan and quality assurance processes referred to in 'Working Together'. Ensure that quality assurance systems focus on qualitative evidence and the experience of the child and family, and are implemented by all those in the Council's Children's Service. The system must include regular qualitative auditing arrangements of case files, with independent oversight and challenge to ensure the quality and timeliness of recording and compliance with recording in individual case records (as set out in 'Working Together') and that an assessment of risk is recorded. The frequency of the oversight and challenge must be agreed by the Improvement Board ("the Improvement Board") who should also work with the Local Safeguarding Children's Board ("LSCB"). Regular qualitative feedback reports must be made available to the Improvement Board and LSCB which demonstrate continuing improvement in the quality and effectiveness of support to vulnerable children.</p>							
<p><b>Feedback from individual children, families and staff improves and shapes practice.</b> Ensure that the views of staff are considered in relation to their work and workplace through engagement and using feedback mechanisms such as staff surveys and report the results to the Improvement Board. To support this,</p>							

consideration should be given to the Children’s Safeguarding Performance Information Framework (published 12 June 2012). <sup>5</sup>							
<b>Ensure that all management oversight and decision-making</b> is conducted in line with standards set out by the Council (and agreed with the Improvement Board) and ensures safe practice. Evidence that management oversight and decision making is taking place must be set out in detail on each case file. Regular qualitative feedback reports must be made available to the Improvement Board and LSCB which demonstrate continuing improvement in the quality and effectiveness of management and decision making.							
3.20		An effective performance management framework is in place with a wide range of data and intelligence being used to assess outcomes and activity across children’s services and partnerships  Performance framework to include Children’s Safeguarding Performance Information Framework and inspection requirements.	Diagnostic – Jan 2013	Rose Collinson	<ul style="list-style-type: none"> <li>ICS and other data systems are effective</li> <li>Intelligence is available to an agreed schedule</li> <li>Intelligence effects improvements in keeping children safe from harm and improved outcomes.</li> </ul>	C4EO undertaking diagnostic assessment of performance and data from November 2012 with draft report due end Dec 2012 and activities to improve already underway.  Responsibility for performance transferred from targeted service to Corporate services in October 2012  Development days and training planned for Jan-Mar 2013.	G
3.21	OIS 2012 1.5, 1.7, 2.2	Implement a clear quality assurance and performance framework that balances qualitative and quantitative information, delivered by all managers and practitioners across the partnership which includes feedback from children, young people, their families and carers, staff and partner agencies.	31 Mar 2013	Sue Butcher	<ul style="list-style-type: none"> <li>A QA and performance frameworks are in place to timescale</li> <li>Staff are aware and adhere to QA framework, measured through supervision notes and audits;</li> <li>Quality of assessments and work with children improves and is a uniform standard across Walsall as measured</li> </ul>	C4EO have been commissioned to undertake this work. Initial meeting 19 <sup>th</sup> Dec	G

<sup>5</sup><http://www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/protection/b00209694/perf-info>

					<ul style="list-style-type: none"> <li>by case audits and re-inspection</li> <li>• Good quality intelligence is available to managers on which to monitor and improve services (peer/external review June 2013).</li> </ul>		
3.22		Audit complaints process and implement recommendations from this based on best practice, to ensure that there are effective arrangements for embedding the learning from complaints.	31 Jan 2013		<ul style="list-style-type: none"> <li>• Complaints process audited.</li> <li>• Reduction in number of complaints reaching stage 2 and 3 from Mar 2013</li> <li>• Reduction in complaints for same reason from Apr 2013</li> </ul>	<p>C4EO commissioned to carry out a review of the complaints process and outcomes for children, young people and their families.</p> <p>AD is managing complaints on a case by case basis</p>	G
3.23		Implement a robust system of case audits across early help and social care services which	31 Mar 2013	Sue Butcher	<ul style="list-style-type: none"> <li>• Audit process in place and managers trained in undertaking audits.</li> <li>• Target number of audits per month undertaken</li> <li>• Learning from audits routine.</li> </ul>	<p>C4EO have been commissioned to undertake this work. Initial onsite meeting 19<sup>th</sup> December. Discussions also held with PARIS team to utilise learning/resources from implementing audits in adult services. Work to include development of core audit questions across all casework.</p>	G
<b>Looked After Children</b>							
3.24	OIS 2012 IN 1.5, 2.1	<p>Implement a robust system to oversee the appropriate use of and compliance with the Care Planning, Placement and Case Review regulations 2010 in relation to children placed at home on care orders.</p> <p>Ensure that related, appropriate training is available for social workers and managers.</p>	30 Apr 2013	<p>New Head of Service</p> <p>Paula Jones</p>	<ul style="list-style-type: none"> <li>• Case audit</li> <li>• Further measure to be added when baseline established.</li> </ul>	<p>New Head of Service being recruited – interviews December. Baseline still to be established in January.</p> <p>Training will be incorporated into training plans.</p>	R
3.25	OIS 2012	Ensure that Pathway Plans are of a	30 Apr 2013	New Head	<ul style="list-style-type: none"> <li>• % LAC with pathway</li> </ul>	Prolonged post inspection	A

	IN 1.3, 3.1	consistently satisfactory quality and that they are completed by suitably qualified and experienced workers.		of Service	plans • Case audits	restructure of Transition and Leaving Care Team has impacted on practice and staff morale. Working arrangements to be established with appropriate oversight.	
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