



South Gloucestershire Council – Improvement Plan

1) Introduction

Following our Ofsted inspection in December 2016 and the overall judgement of inadequate, we have reflected on the requirement for an improvement pathway that is completed with purpose, pace and sustained by the assurance of evidence that tells us improvement is fully embedded. High standards and delivery in practice must be the ‘way we do things here’. This, our improvement plan, combined with the wider developmental plan for children’s services, represents our path to consistently securing good outcomes for children and young people and they deserve nothing less.

We enjoy a unanimity of viewpoints - from our staff team, our elected members and our partners – that securing the safety and wellbeing of children and young people and securing the best possible opportunities to enable them to thrive, is the number one priority. This is important; having ambition for the area’s children and young people must involve a strong and committed partnership in the way we plan, deliver good quality services and measure the difference we are collectively making.

As the Ofsted report testifies, there is much that is positive and we have a solid foundation to build upon with much of the ‘heavy lifting’ to create a responsive structure and organisational shape ready and able to deliver good quality services put in place during 2015/16. Combined with a stabilising workforce, good staff morale and motivated by a strong leadership team, the conditions are set for us to both resolve those weaknesses identified within the inspection, and move all aspects of children’s services forward to nothing less than good over the next eighteen months.

Peter Murphy
Director for Children, Adults and Health
April 2017

2) Background

Following the previous inspection in 2012, Integrated Children's Services continued to deliver services to children and young people. In 2014 it was identified that the pace of progress was not achieving what was wanted and a Turnaround Board was introduced to provide the focus and drive required. This was alongside a full service review of the structure and delivery of both statutory services and preventative services in 2 phases. In January 2016 the Turnaround Board concluded that progress in key areas had been made and governance moved to a 'business as usual' Governance Board – Progress and Development, which continued to ensure the delivery of improvements and evidence progress. During this period considerable progress was made and maintained in key areas, in particular seeing children and their voice being heard, staff stability and staff recruitment. Key areas for progress and development remained clearly identified and progress was being made. All of this is articulated within the OFSTED report.

Throughout 2015 and 2016 Signs of Safety was identified as a system wide practice model which we use to work in partnership with families. The implementation plan has driven the training, delivery and implementation of Signs of Safety. We are in the phase of embedding the model consistently across the service and ensuring it is quality assured as consistently good. Alongside this we have commissioned a new client record system, Corelogic MOSAIC. Together we expect they will assist our staff team to deliver high quality social care services and enable efficient and meaningful recording of our intervention with children, young people and their families.

During the spring and summer of 2016 significant challenges with the 0-25 disability service became apparent and the service moved under Integrated Children's Services in August 2016 with an Improvement Board set up. These issues and challenges were clearly identified within the OFSTED report. A key area of immediate focus is on this service area.

This continuing improvement journey aims to build on the strong foundations clearly identified within the OFSTED inspection report, and relies upon the skill, commitment and motivation of our workforce who everyday keep children and young people at the centre of their practice. The findings of the OFSTED report have been shared with staff, children, young people and families and plans are in place to continue to engage with them on our improvement journey.

3) Integrated Children's Services Governance

Following the OFSTED inspection in December 2016 and the subsequent inadequate judgement published in February 2017, an Improvement Board has been set up, chaired independently by Mark Gurrey. The Board will comprise South Gloucestershire Council lead members and senior officers, representatives from partner agencies (police, schools and health) as well as the chair of the LSCB. The appointed Department of Education advisor will also be invited to attend.

The Improvement Board will meet every 4-6 weeks and will be supported by the operational Integrated Children's Service (ICS) Governance Board. The ICS Governance Board meets monthly and is chaired by the Director for Children, Adults and Health. The ICS Governance Board will oversee the progress of actions and monitor progress against the improvement plan as well as the service development plan.

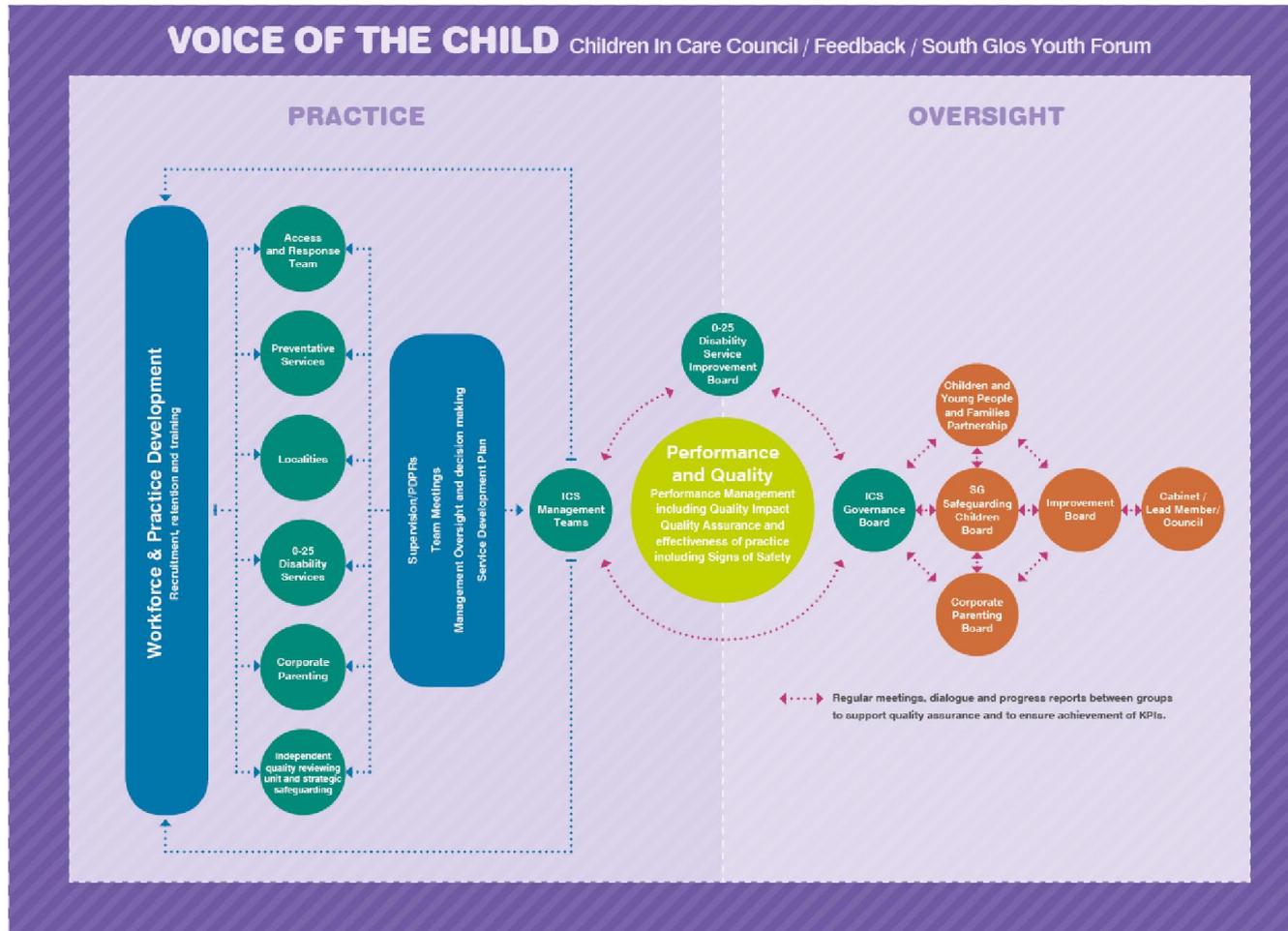
The Improvement Board will report progress to cabinet, the LSCB and the Children, Young People and Families Partnership as appropriate.

The Department for Education issued an improvement notice to South Gloucestershire Council on 13 Feb 2017. The Department for Education will review progress against this and the improvement plan on a 6 monthly basis. The outcome of these reviews will inform the Secretary of State of progress.

In order to succeed in making the progress we need to make in a timely way the ICS Governance Board will also oversee the ambitious agenda delivered through the service development plan, to ensure that we 'Get to Good' for the children and young people of South Gloucestershire.

Governance arrangements are illustrated on the next page.

Our governance structure: Providing all our children and young people with the best start in life



4) Our vision

We will provide our **children and young people** with the best



Children and Young People are at the heart of all that we do

They are key partners in decision making and planning to ensure that they have the best **START** in life.

Skilled and supported workforce

We have a stable, skilled and committed workforce, who are motivated to deliver excellent services to children and young people in South Glos. Holding manageable caseloads, staff will feel supported to make decisions, assess and hold risk and to develop creative and innovative solutions for families.

Working with families

In partnership, equipping them with skills and insight they need to find their own solutions and supporting them to achieve this, so that children in South Glos are raised in happy, healthy and safe homes.

Child centred and high quality practice

Signs of Safety is the practice model which is consistently used throughout intervention with families, enabling risk to be identified and responded to, at the right time and with the right intervention to achieve the best possible outcomes for the child/young person.

Services wrap around children and young people

Where possible children are supported to live at home, where they cannot remain with their families we enable them to live locally in the best possible caring home and we wrap services around them to avoid disruption within their lives.

Understand outcomes for children and the impact our intervention has on their lives

We are clear about the difference we make to children and young people by ensuring that we measure our intervention in a meaningful way.

Strong Partnerships

We have trusting and effective relationships with partners so that the focus remains on the child at both a strategic and operational level, ensuring top class services are delivered through Early Help and statutory services, which are accessible and available at the point of most need. Understand outcomes for children and the impact our intervention has on their lives. Key partnership groups (including SGSCB and CYPF partnership) will be instrumental in delivering this.

5) Measuring our Improvement: How will we know that we are making a difference?

There must be evidence of improvement of outcomes for children and young people and we will know this by asking for feedback on whether or not we have made a difference.

	What does making a difference look like?
Child or Young person	Children will be safe and helped at the earliest opportunity, ensuring they receive the right support at the right time, our response will be consistent and in line with policy and procedures. Audits will monitor the voice of the child being heard and informing decisions and planning, ensuring they are seen regularly. We will ask children and young people to feedback about their experience as well as asking them to shape our service delivery.
Parents, Families and Carers	We will work with parents to build their capacity to be the best parents they can be and, if needed, we will help them to change. We will ensure their views are heard and taken into account. Parents will be able to easily access a coherent early help offer across South Glos.
Partners	Through our Children, YP & Families partnership we will ensure that all partners know how they contribute to services for children and young people. The LSCB will be seen as effective and ensure that partners play a meaningful and effective part in safeguarding.
Children’s Workforce	All staff working with children will be trained and supported to promote the best possible outcomes for children and young people. They will receive regular, high quality and effective supervision, which will be monitored through audit. Signs of Safety will be embedded across the workforce as the model of intervention. As a result, we will have a confident, knowledgeable, skilled staff team who deliver consistently good services.
Decision Making and Management Oversight	Management oversight will be effective, rationale for decisions will be clearly documented and decision making will be supported through supervision. Assessments of risk of harm will be explicit, as will actions taken in a timely way to mitigate the harm. Regular quality assurance of this will be the key measure, frequency as defined
Senior Leaders	Change and progress will be driven by clear and visible leadership. Effective relationships with the workforce that listen to staff to inform developments, developing a learning culture. Clear governance arrangements will be in place to ensure a ‘golden thread’ of accountability throughout the organisation and the multi-agency system.
Elected Members	There will be clear evidence of Elected members holding Officers and the Council to account. They will have confidence that the council is delivering a safe and consistent service to vulnerable children and young people.

6) Evidencing impact of the improvement plan

We will apply 3 levels of assurance to our improvement activity:

Level 1 – Progress against defined tasks and activity within the Improvement Plan will be monitored by the ICS Governance Board in order to provide assurance that activity is happening and progress is being made.

Level 2 – The monitoring of key performance indicators and auditing results by the Governance Board and the Improvement Board will provide assurance of progress and sustained progress over time.

Level 3 – a further test of assurance of impact and embedded change will be defined by the Improvement Board once an improvement activity has been completed and is believed to have resulted in sustained change. This test will be relevant to the area of progress and will provide the evidence that the Improvement Board is satisfied change has been achieved.

Finally, we will regularly ask children and young people what the service they have received has been like and the majority will consistently tell us that it has been good.

LEADERSHIP, MANAGEMENT AND GOVERNANCE**Recommendation 2. Strengthen arrangements to identify patterns, trends and links for children who are at risk of sexual exploitation.**

Owner Strategic safeguarding service manager (Catherine Boyce)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
2.1	SGSCB progresses the development of an updated problem profile for both the Avon & Somerset Area and South Glos specific area.	There is an understanding of the extent and nature of CSE in South Glos via an updated CSE problem profile	SGSCB CSE sub group; strategic safeguarding service manager	Sep-17		
2.2	Ensure that learning, emerging themes and issues highlighted in the current problem profile are shared with managers/ practitioners and used to inform practice.	Practitioners are aware of and understand the CSE picture locally	ART service manager	Jun-17		
2.3	Careful focus in early identification of CSE risk within MASH. A CSE "champion" practitioner from Response is aligned with MASH to ensure consistent timely response and practice	Risk of CSE is identified early and appropriate response is consistently made	ART service manager	Apr-17		
2.4	Develop performance reports, both data based and qualitative to understand CSE in South Glos, to include a specific focus on LAC and care leavers	There is coordinated multi agency oversight of all children known to be at risk of CSE to identify patterns, themes and links	Senior information analyst; consultant social worker	Jul-17		
2.5	Review weekly reports of children for whom a SERAF has been completed	All managers have an operational overview of each young person for whom CSE is considered a risk and monitor necessary actions	Consultant social worker	Apr-17		
2.6	A consultant social worker attends all strategy meetings where CSE is the primary concern and coordinates multi-young people/complex CSE strategies, ensuring the quality of the strategy discussion meets expectations	Information contributes to the operational and strategic oversight/mapping; Action to support and safeguard young people assessed as being at risk of CSE is timely, appropriate and in line with legislation	Consultant social workers	Mar-17		
2.7	Establish the future and purpose of the Avon & Somerset wide network meetings	Network meetings provide strategic oversight of cross boundary concerns	SGSCB CSE sub group; strategic safeguarding service manager	May-17		
2.8	Ensure reports prepared for the SGSCB CSE subgroup are shared with all operational managers	There is a consistent understanding across the system and any actions are progressed by individual agencies as well as the partnership.	Consultant social workers	Aug-17		
Evidence of Success:					Impact BRAG	Comments
An updated and robust CSE problem profile exists and is used to inform practice						
Performance reports, both data based and qualitative enable multi agency oversight of all children to identify patterns, trends and links						
Practice audits, single and multi agency, demonstrate the consistent application of CSE thresholds and procedures and tests whether the SERAF has been completed and risks fully and accurately assessed						
Strategic oversight ensures we have a clear picture of CSE in South Glos which is regularly reported and analysed within both the operational team and the SGSCB CSE subgroup						
What children will say:						
I feel supported, more in control and safe because I receive a good service.						

LEADERSHIP, MANAGEMENT AND GOVERNANCE

Recommendation 3. With the South Gloucestershire Local Safeguarding Board (SGLSB), implement clear guidance for staff and managers to ensure that they understand the steps required to identify, assess and reduce the risk of child sexual exploitation.

Owner Strategic safeguarding service manager (Catherine Boyce)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
3.1	Revise the SERAF, taking into account national research and the functionality offered by the new children's operating system, in order to fit the needs of South Glos.	The SERAF is consistently used to assist practitioners in identifying risk of CSE. The consistent usage impacts directly on positive outcomes for children and young people	Consultant social worker	May-17		
3.2	Train all South Glos children's social care staff in respect of the use and completion of the SERAF as is; and once the new SERAF is launched following implementation of Core Logic	The SERAF is completed appropriately, in particular that supporting evidence is provided to aid analysis	Consultant social worker	Jul-17 Apr-18		
3.3	Rewrite the multi agency guidance to make it much clearer what steps should be taken to identify, assess and reduce the risk of CSE; to include the interface between CSE and CP procedures	All practitioners across South Glos are clear what action they should take and when	SGSCB CSE sub group; strategic safeguarding service manager	May-17		
3.4	Ensure referrals to the commissioned service for CSE are informed by a comprehensive assessment of risk and need	Intervention is targeted at specific need and therefore has the most positive impact on the child	Team managers	May-17		
3.5	Implement the annual multi-agency CSE training programme. Each course will be jointly led by a trainer and a practitioner, both of whom will have undertaken the train the trainer events.	SGSCB partnership workforce is trained regarding CSE commensurate with their role	Team leader workforce development	May-17		
3.6	Monitor the completion of CSE training amongst the social care workforce and the wider multi- agency workforce and address with any teams or organisations who have not undertaken CSE training.	SGSCB partnership workforce is trained regarding CSE commensurate with their role	SGSCB CSE sub group; strategic safeguarding service manager	Twice yearly		
3.7	Develop and implement a risk management model/pathway for all high risk children, to include those at risk of CSE ensuring a partnership approach	Risk management pathway agreed and all high risk children are known to a senior multi agency leadership team who are able to quality assure their agency's response to their individual needs	ICS head of service	Sep-17		
3.8	SGSCB to assure itself that procedures are being followed by practitioners within children's services and across partner agencies via multi- and single- agency audits	The SGSCB is confident that the response to CSE across the partnership is robust and effective and well managed by the CSE sub group	Chair SGSCB	Dec-17		
Evidence of Success:					Impact BRAG	Comments
The updated guidance, including the updated SERAF, is launched and implemented.						
90% of relevant ICS staff have undertaken the necessary training in CSE						
100% of CSE referrals include full risk and needs assessment						
Practice audits demonstrate the consistent identification, assessment and management of risk of CSE for individual young people - with an improvement in the timeliness and quality of the response to CSE						
What children will say:						
I understand what is being said and jargon is avoided. My worker communicates with me in a way I understand.						

LEADERSHIP, MANAGEMENT AND GOVERNANCE

Recommendation 8. With the SGSCB and relevant partners, take steps to evaluate the impact of the provision of early help support for families, using this information to inform the development of early help services.

Owner Service manager, preventative services (Geri Palfreeman/Kevin Sweeney)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
8.1	The Council will commission an independent review of the Early Help Offer across the system to understand current provision challenges and identify clear actions for developing the Early Help offer for South Glos. This will include considering evaluation tools and measurements.	Following engagement of the SGSCB and CYP&F partnership, the future 'Early Help Offer' and coherent early help response for children, young people and families is agreed, along with evaluation tools and measurements.	Director CAH; ICS head of service	June to Dec 17		
8.2	Implement the recommendations arising from the independent review of the Early Help offer, specifically evaluation tools and measurements.	The agreed early help offer for children, young people and families in South Glos is implemented. The early help partnership has the information required to evaluate the impact of the early help provision in South Glos	Preventative services service manager ; ART service manager	Jan-Apr-18		
8.3	Identify what information is currently collected/available that could be used to measure impact of Early Help Interventions.	Information currently available is collated and analysed, pending introduction of coherent measurement tools across Early Help Partnership	Preventative services service manager ; ART service manager	Sep-17		
8.4	MOSAIC system configured to generate aggregate outcome and impact reports for Preventative Services	Improved understanding of impact of early help and outcomes achieved	Preventative services service manager; systems & performance service manager	Apr-18 to Jun-18		
8.5	Establish reporting cycle to SGSCB and the CYP&F Partnership	Strategic leads across partnership understand the impact of Early Help services and use this to inform developments and improvements	Preventative services service manager ; ART service manager	To start in Apr-18		
8.6	SGSCB and CYP&F Partnership agree the strategic priorities for improvement based on performance and evaluation reports	There is a cycle of improvements of the Early Help offer informed by performance and evaluation information agreed by all partners	Preventative services service manager ; ART service manager	Jun-18		
Evidence of Success:					Impact BRAG	Comments
A revised Early Help model including a coherent assessment, plan, do, review cycle is agreed by SGSCB and CYP&F Partnership in December 2017 and implemented by April 2018						
A shared understanding by partners across the system of what the Early Help offer is, how it is delivered and evaluated. There is a development plan that is shared and owned across the partnership						
Preferred evaluation tools and measures for early help are identified and agreed by the partnerships by Apr-18						
Partners are using the tools to gather information on the impact of early help and this is collectively reported to the strategic partnerships by Jun-18						
Data and evidence of impact of early help services is routinely used to inform development and improvement of early help provision from Jul-18.						
What children will say:						
I have used FYPS (Family and Young People Service) and found them a good benefit and they helped me. I received early help support which avoids long term effects. I received extra support from doctors and counsellors. I know that if I need support, I can ask for it.						

LEADERSHIP, MANAGEMENT AND GOVERNANCE**Recommendation 9A. Ensure that the new client record system is implemented as quickly as possible.**

Owner Project manager (Simon Saunders)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
9A.1	Analysis of output from 16 staff workshops to understand detailed requirements & resulting tasks	Clarity regarding the work/tasks/training required to support the new system and agree to-be flows with the service.	Senior business analyst	Jun-17		
9A.2	Configure Mosaic workflow for local requirements	Mosaic best practice configuration amended to suit local requirements.	Senior business analyst	Oct-17		
9A.3	Implement full hosting solution to allow full UAT	Solution in place to support the system development, testing, training and preparation for live running.	Service Manager - Systems & Performance	Jul-17		
9A.4	Finalise data migration scripts from Capita ICS into new Mosaic system	Tested scripts to extract, transform and load data into Mosaic.	Team leader - system administration	Nov-17		
9A.5	System and user acceptance testing	Local configuration is fit for purpose and the service understand the detail of what they are getting	Team leader - system administration; senior business analyst	Dec-17		
9A.6	User Training	Ensure users and managers are ready for go-live	Senior support officer	Jan-Feb 18		
9A.7	Go-live (phase 1)		Information manager	Mar-18		
Evidence of Success:					Impact BRAG	Comments
End users are successfully using the new system and able to do their jobs effectively and efficiently.						
Quality assurance audits evidence improved recording of information that is clear for children and young people evidenced in the number of audits rated as Good.						
What children will say:						
I am treated like I matter.						

LEADERSHIP, MANAGEMENT AND GOVERNANCE

Recommendation 9B. Ensure that in the intervening period children's electronic files properly evidence the work undertaken with children and families and enable proper sharing of information between teams and agencies.

Owner Head of service (Sonya Miller)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
9B.1	Regular comms in all team meetings regarding the necessity of recording all information relating to work with a child in the correct and consistent electronic location (Capita and/or K drive).	All practitioners and business support staff are aware of and are using the required methodology for recording and saving documents and information relating to a child's file	ICS service managers	Feb-17 to Aug-17		
9B.2	Implement interim solution for MASH recording based on combination of Capita One, Shared drive and Secure email	Appropriate interim solution which is acceptable to all MASH partners, provides appropriate recording, is secure, and starts to implement some of the Corelogic forms	Systems & performance service manager	Apr-17		
9B.3	Develop set of open training sessions which are made available to all staff on the contents of the Capita modules and how to use them	Staff are able to locate other information held on children in the Capita One system and know how to access it	Systems & performance service manager	June 17-Jul 17		
9B.4	Guidance issued to all staff on the appropriate use of the shared (K) drive for storing and sharing documents in preparation for Corelogic implementation	Staff are able to locate any relevant documentation relating to the child. Documents will be migrated to the correct child.	Systems & performance service manager	Mar-17		
9B.5	Modify the Capita forms to have the S47 enquiries as a separate step when we are investigating possible allegations of child abuse	Clear separation of S47 enquiries	Systems & performance service manager; ART service manager	Apr-17		
Evidence of Success:					Impact BRAG	Comments
Monthly ICS Governance Board review audit evidence that: * information relating to a child's case is available in the correct electronic file location * information relating to a child's case is available and is of good quality						
What children will say:						
I feel like I matter because I looked at my records and the information was updated and clear.						

LEADERSHIP, MANAGEMENT AND GOVERNANCE

Recommendation 10. Improve social workers' knowledge and understanding of domestic abuse to ensure that risks are identified and understood, and lead to the provision of appropriate support.

Owner Service manager, access and response team (Paul Brewster)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
10.1	Implement a programme of audit activity around DA cases to benchmark current practice and monitor the impact of actions taken to improve the response	To identify areas of weaknesses in practice, along with appropriate development actions	ICS service managers	May-17		
10.2	Encourage wider use of Research in Practice to ensure practitioners are up to date with regards to their response to DA	High usage of RiP resources by practitioners, including webinars and other training events	Consultant and principal social workers; RiP Champions	Jun-17		
10.3	Recommission the delivery of DA training across the department (to include the use of DASH in assessments and the role of MARAC)	Comprehensive training offer for practitioners, consisting of 4 levels: Awareness raising, intermediate, advanced and working with perpetrators.	Strategic safeguarding service manager	April/May 2017		
10.4	Run awareness raising workshops of MARAC within the social care workforce and monitor referrals made by social workers	Social care staff fully understand the role of MARAC and make appropriate and timely referrals	MARAC coordinator	Dec-17		
10.5	Work in partnership with Avon and Somerset police to implement their new delivery model and ensure effective screening prior to referral and evidence-based decision making when MASH is implemented	DA notifications into ART to have been initially screened by the Police resulting in a reduction in inappropriate referrals to social care	ART service manager	Sep-17		
10.6	Identify a social work practitioner to act as a domestic abuse champion and link to support services and MASH	Practitioners are supported in their thinking and assessment by a colleague with appropriate knowledge to identify risk of domestic abuse at an early stage and take appropriate action to manage risk	ART service manager	Apr-17		
10.7	Use signs of safety work with parents to identify risk and harm from domestic abuse and ensure that they can change to reduce risk to children and young people	Safety planning is used effectively	Signs of safety implementation board / practice leads	Jul-17		
Evidence of Success:					Impact BRAG	Comments
Quality assurance audits identify effectiveness of signs of safety to identify and manage the risk of domestic abuse and safety planning is evident						
Monitor of training take up - 85% of ICS staff have received DA training at intermediate or above by November 2017						
The workforce has the knowledge, skills and tools to identify, assess and reduce risks of DA as evidenced through successful completion of a DA awareness test						
Reduction in the level of inappropriate police referrals to social care						
What children will say:						
I feel happy, safe, confident and calmer.						
I feel more in control.						

LEADERSHIP, MANAGEMENT AND GOVERNANCE

Recommendation 15. Undertake a review of the training undertaken by all staff within the service to ensure that support workers, social workers and managers are properly equipped to understand the risks and needs relating to, for instance, 'missing' protocols, child sexual exploitation and domestic abuse.

Owner Team leader, workforce development team (Nick Thorne)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
15.1	Undertake training needs analysis across division to identify gaps to complement core training framework that already exists.	Additional training and development needs understood and included in 2017-18 Training & Development Plan	Principal social worker; workforce development team	Jun-17		
15.2	Team managers to ensure additional training not yet logged on the system is added to individual training records.	Complete and up-to-date individual records of training undertaken by all staff, with a particular focus on CSE, DA and missing protocols.	Workforce development team	Jun-17		
15.3	Review current mandatory training provision, specifically for: CSE, DA, and Missing protocols; to ensure the content of each meets ICS/SGSCB requirements. If there is no existing training develop suitable provision.	Assurance that the training in these 3 areas of work is fit for purpose and covers the needs of the workforce effectively.	Principal social worker; workforce development team; SGSCB training sub-group	Jun-17		
15.4	Ensure the training available for CSE, DA and missing protocols is available to all staff at times and frequency levels to meet their needs.	All staff access the training (and/or e-learning) that they need to, in line with their role. The training equips all relevant staff with the knowledge, skills and confidence needed to practice safely and effectively	SGSCB training sub-group; workforce development team	Jun-17		
15.5	Evaluate the impact of training on employee practice around: working to missing protocols, CSE and DA casework and support.	A practical understanding, and tangible examples, of how staff are using learning from training in their day-to-day practice.	SGSCB training sub-group; workforce development team; ICS service managers	Sep-17		
15.6	As DA and CSE training has recently been commissioned, undertake a review of learning outcomes and course content for these 3 areas of training, and make any changes necessary	Assurance for ICS and the SGSCB that the training remains fit for purpose and meets the needs of the relevant workforces.	SGSCB training sub-group; workforce development team; principal social worker	Apr-18		
Evidence of Success:					Impact BRAG	Comments
<p>The following measures will be used to understand how training and development in these 3 work areas is impacting on staff practice, and demonstrate that practitioners are responding to and managing CSE, DA and missing protocols in line with national and local guidance, ensuring that children, young people and families feel supported, listened to and safe throughout the intervention (see 15.5):</p> <ul style="list-style-type: none"> * Audits of practice, staff supervision, team manager and consultant social worker feedback/practice observations. * Follow-up contacts with employees (questionnaires, sampled phone calls). * User feedback on practice (young people, families) * Quarterly report to ICS Governance Board 						
What children will say:						
I didn't want my problems to escalate. A good service has helped me feel secure. I felt noticed.						

LEADERSHIP, MANAGEMENT AND GOVERNANCE

Recommendation 16. Implement clear standards for recording within the children in care team, to include the recording of management decisions and supervision. Ensure that regular and good-quality supervision and performance appraisal are evident across all teams within the service.

Owner Service manager, corporate parenting (Nicola Hannaford)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
16.1	Reinforce South Glos Core Standards (practice standards) with all team managers and practitioners	All team managers and practitioners own and implement core standards	Principal social worker; ICS head of service	Jun-17		
16.2	Regular monitoring of supervision, PPDR, recording and management decisions	Each child's ICS record is up to date and provides a comprehensive story of their life history and management decisions. Supervision/PDPRs occur within the required timescales and are properly recorded	ICS service managers	Jul-17 quarterly thereafter		
16.3	Identify and implement supervision training for managers.	Managers provide regular and good quality supervision	Team manager workforce development	Sep-17		
Evidence of Success:					Impact BRAG	Comments
95% or over of all children open as a case will have a decision and action record on their ICS record in line with the core standards requirements.						
Core Standards audits provide assurance of compliance						
Supervision audit will demonstrate that 95% or over of staff are having supervision in line with the supervision policy and that supervision is of a good quality						
PDPR reporting will demonstrate that at least 75% of staff have had a PDPR discussion in the last 12 months by October 2017 (measured by MyView report). This will become 85% by end April 2018.						
What children will say:						
I know what is happening in my case. I know what I am entitled to. Feedback helps me feel listened to. I have 1-to-1 time with staff.						

LEADERSHIP, MANAGEMENT AND GOVERNANCE

Recommendation 21A. Ensure that the quality assurance framework is effective in ensuring that managers and leaders at all levels understand strengths and weaknesses in the provision of help, protection and care of children in every part of the service. Make sure that quality assurance activity, including complaints, properly informs actions and plans.

Owner Principal social worker (Deborah Rodney)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
21A.1	Define QA activity areas, QA frequency, QA roles and processes and ensure these are clearly defined in a QA framework	QA activity is understood and owned by all in the department, with commitment to undertake required activities. This will cover: <ul style="list-style-type: none"> • Consistency of quality of care and support plans including multi-agency involvement • Quality of case recording • Quality and consistency of management oversight and staff supervision • Supporting social workers in what good looks like to achieve greater consistency in casework 	Principal and consultant social worker	May-17		
21A.2	Quarterly complaint report prepared and reviewed by ICS Governance Board	ICS Governance Board sighted on complaints and meaning for service quality and improvement activity	Complaints manager	Jul-17		
21A.3	Define the process for acting upon the learning and changes to practice needed following QA activity to include complaints and areas of good practice	Clear written process in place to define how the organisation can "close the loop" and ensure the impact of learning from a range of quality assurance activity becomes embedded in practice	Principal and consultant social workers	May-17		
21A.4	Ensure that outcomes from QA activity are shared with managers/practitioners across the system and clear expectations for actions to address weaknesses are agreed and acted upon.	The impact is evidenced in improved practice and where improvements are not made, the relevant performance issues are addressed	ICS team and service managers	Jun-17		
21A.5	Ensure that those who are undertaking auditing activity are sufficiently skilled to complete all audits to a high standard	There is evidence that all auditors consistently complete audits to a high standard	ICS head of service	Jun-17		
Evidence of Success:					Impact BRAG	Comments
An effective and consistent QA framework is in place which enables the whole organisation to know the service's strengths and weaknesses via regular reporting against key areas of focus.						
80% of audit ratings validated by principal social worker as accurate by September 2017 and 90% by January 2018						
Actions that result from QA activity are monitored to ensure the learning becomes embedded in practice						
Children who chose to view their files will be able to benefit from a consistent account of their experiences and planning processes.						
Evidence of challenge and action by SGSCB and political leaders from any future reporting of critical weaknesses						
Reduction in the proportion of complaints escalating as reported in Annual Report 2017/18						
Quality assurance of the audit activity (targeted and dip sampling) consistently addresses areas of weaknesses in auditing practice and a consistent standard of good auditing is achieved/evidenced.						
What children will say:						
Case details are checked and changes recorded which makes me feel more safe.						

LEADERSHIP, MANAGEMENT AND GOVERNANCE**Recommendation 21B. Ensure that whole and individual service plans properly prioritise actions to address critical weaknesses.**

Owner Head of service (Sonya Miller)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
21B.1	ICS Governance Board approves service plans and regularly tracks progress, demonstrating management grip on areas of weakness and effectiveness of remedial actions	Assurance that service plans align to evidence-based priorities and progress is scrutinised	ICS head of service	Jun-17		
21B.2	Include within the QA framework a clearly defined process for 'closing the loop' on actions, and collating the impact on the outcomes for children & young people.	Demonstrate how QA activity informs/influences service planning, incorporating actions from QA activity in the SMART format	Principal social worker	May-17		
21B.3	Develop a service plan, consistent with the Improvement Plan that clearly defines the vision and direction of travel for ICS & 0-25 disability service, with clearly defined priorities.	Clearly defined vision for staff that they are able to buy into and be part of.	ICS head of service	May-17		
21B.4	Monitor progress in relation to areas of critical weakness as priorities and take immediate action to address poor / slow progress	That critical areas of weakness are addressed and progressed in a timely way to minimise adverse impact on children and families	ICS service managers	Jun-17		
Evidence of Success:					Impact BRAG	Comments
Critical areas, defined in this plan are monitored and evidence of progress is made and sustained, in line with the defined success criteria.						
Revisions to the service plan result as a consequence of learning from QA reporting as progress is made and other areas are identified.						
Service governance provides confidence to members and partner organisations that improvement are being made and sustained						
What children will say:						
I am the same person before and after a statement (now ECHP) and received support both before and after the ECHP. I had to wait for the 0-25 disability service, but I was informed about where my case is. I feel that I matter.						

LEADERSHIP, MANAGEMENT AND GOVERNANCE

Recommendation 22. Implement caseload management guidance, including clear standards relating to the allocation of work to managers

Owner Head of service (Sonya Miller)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
22.1	Develop and consult on caseload management guidance across the division, including the allocation of case work to managers	Clarity and shared understanding for the workforce on what is an acceptable case load and how work will be managed and supported.	ICS head of service	May-17		
22.2	Implement case load management guidance and review caseloads across the system on a regular / frequent basis	Managers review staff caseloads on a regular basis and address identified issues. Caseload reports are monitored monthly through ICS governance board	ICS service managers	Jun-17		
22.3	Discuss caseloads as a standard item within all supervision meetings	Supervision records reflect discussions about caseload / workload management	ICS service and team managers	Jul-17		
22.4	Ask staff through a variety of forums about caseload management and use feedback to inform assurance test of implementation.	Staff feedback confirms caseload management guidance is embedded.	ICS head of service	Sep-17		
Evidence of Success:					Impact BRAG	Comments
Staff consistently report manageable caseloads with proactive management of workload from team managers .						
Supervision audits demonstrate regular caseload discussions						
Caseload reports evidence, over a sustained period of time manageable workloads, with effective and timely response if caseloads increase.						
Exit interviews from staff don't cite unmanageable workload as a reason for leaving.						
What children will say:						
Everything is dealt with promptly and I get feedback, which helps me feel listened to and helped.						

LEADERSHIP, MANAGEMENT AND GOVERNANCE**Other priorities: Leadership, management and governance**

Owner Head of service (Sonya Miller)

Plan					Reporting progress		
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments	Para no./comment in Ofsted report
LMG 1	Review the quarterly performance report to ensure the right performance data is presented to senior and political leaders to enable effective interrogation and challenge	Political leaders understand the shortfalls and provide challenges as appropriate based on analysis of comprehensive information provided by officers.	ICS head of service	Apr-17			Para 111 - senior and political leaders have not taken sufficient steps to interrogate the performance data available to establish the true extent of the shortfalls, including the number of unallocated cases in the service and their impact on children and families. Actions have not been targeted or urgent enough to achieve the substantial changes that were necessary. This has resulted in a large number of vulnerable children not receiving the help, support and protection that they need. In some cases, risk remained unassessed.
	Update reporting of progress on the specific cohort of children and young people identified in the report provides assurance that risk has been assessed and children are receiving the support and protection they need	Quality of oversight by the ICS senior management team supports political leaders.	0-25 disability service manager	Mar-17			
LMG 2	Report on how many children and young people attend their LAC reviews.	We have a comprehensive understanding of young peoples participation and contribution	IRO's; strategic safeguarding service manager	Jun-17			Para 115 - the authority does not currently know how many children looked after attend their reviews
LMG 3	Supervision policy update includes expectations of frequency of supervision for individual cases.	Staff will report that they are clear about expectations of them and their manager and that they are supported to manage individual cases.	Principal social worker; HR business partner	Jun-17			para 120 - management decisions and formal supervision are variable in frequency and quality. The supervision policy, which is due to be updated, does not include expectations about the frequency of case supervision. No system is in place to monitor the completion of annual appraisals
	Monitor PDPR completion and report progress quarterly	ICS Governance board sighted on gaps in annual appraisal process		Jul-17			
LMG4	Increase the permanent establishment of ART in line with evidence of demand. 0-25 disability service staffing to be increased to enable progress to be made and analyse demand to determine required staffing levels for the future. Stabilise staffing in 0-25 disability team	Permanent stable workforce with reduced staff turnover	ART service manager; 0-25 disability service manager; HR business partner	Nov-17			Para 66 and 122 - While there are now plans in place to increase the establishment of ART, some children have experienced too many changes of social worker. Within the 0-25s team, high staff turnover and the high number of temporary staff have contributed to the widespread and serious failings within the service. While senior managers are able to articulate priority areas, the action plan to support the workforce development strategy is not robust. This means that there are no clear targets and timeframes to ensure that plans are effectively progressed
LMG5	Develop a robust, SMART workforce and practice development plan	The plan outlines the actions necessary to address the areas for development identified within the CAH workforce strategy 2015-18.	HR business partner	Jul-17			
LMG6	The council will commission a local test of assurance to be undertaken to ensure that the focus on outcomes for children and young people are not weakened or diluted as a result of having added responsibilities to the Director of Children's Services role	Assurance of DCS capacity to fulfil statutory role and functions	HR business partner	Dec-17			Para 129 - There has been no formal test of assurance undertaken since the director of children, adults and health took up his role in 2013. Although the chief executive regularly discusses capacity issues with the DCS, the absence of this formal test means that the local authority cannot be fully assured that the breadth of the role is appropriate, or that the senior leadership team has sufficient capacity to lead the changes required in children's services

Evidence of Success:	Impact BRAG	Comments
Using the DfE formula, turnover in the children's social work workforce will reduce from 27% (2015) / 24.1% (2016) towards the DfE 2016 national average of 15.1% FTE by 30/9/19. Achieve a 3% improvement each year, therefore 21.1% by 30/9/17, 18.1% by 30/9/18 and 15.1% by 30/9/19.		
Using the DfE formula, reliance on agency staff in the children's social work workforce will reduce from 24% (2015) / 25.5% (2016) towards the DfE 2016 national average of 16.1% FTE by 30/9/19. Achieve a 3% improvement each year, therefore 22.5% by 30/9/17, 19.5% by 30/9/18 and 16.5% by 30/9/19.		
Using the DfE formula, Vacancy Rate in ICS will continue to be lower than DfE 2016 national average of 16.7% FTE. South Glos's rates were 6% (2015) & 15.1% (2016). Achieve a 3% improvement each year to move back towards the 2015 rate, therefore 13.1% by 30/9/17, 10.1% by 30/9/18 and 7.1% by 30/9/19.		
PDPR reporting will demonstrate that at least 75% of staff have had a PDPR discussion in the last 12 months by October 2017 (measured by MyView report). This will become 85% by end April 2018.		
Lead member for children is assured of the progress being made and the timescales in which it is being completed		
What children will say:		
I have the same worker, which is easier. I don't have to explain things over again and I feel safer.		

CHILDREN WHO NEED HELP AND PROTECTION

Recommendation 1. Urgently review all cases currently or recently allocated to managers within the 0–25s disability service, ensuring that all children receive a timely service commensurate to their needs from staff and managers who have the right skills and experience to help them.

Owner Service manager, 0-25 disability service (Nick Lowe)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
1.1	Review and quality assure all cases allocated to service manager or team manager to establish need and reallocate	No cases held by 0-25 disability team manager or service manager	0-25 disability service manager	Mar-17		
1.2	Allocate all cases requiring ongoing social worker support	Needs of all unallocated children and young people (on 21/11/16) are understood and risks identified Cases requiring ongoing social worker support or that do not meet the open-to-review criteria are all allocated	0-25 disability service manager	Apr-17		
1.3	Review / see all children who had not been reviewed/seen	Children are assessed appropriately and are part of the assessment/ review	0-25 disability service manager	Apr-17		
1.4	Consult and publish new open-to-review Protocol and allocate all open-to-review to identified review social worker	Clarity and transparency to all service users about open-to-review process and who to contact in an emergency	0-25 disability service manager	Apr-17		
1.5	Following principal social worker led training needs analysis, develop the 0-25 disability training plan	A 12 month training programme is started in June '17 in order to ensure staff have the skills and knowledge to undertake their role	0-25 disability service manager	Jun-17 to Jun 18		
1.6	Regular core standards auditing to ensure timeliness of assessments, quality of plans and reviews, evidence and quality of supervisor decisions and actions	The vast majority of children receive a timely and effective service commensurate with their needs and the child's record reflects this	0-25 disability service manager	Jun-17		
1.7	0-25 disability managers begin to participate fully in the quality assurance framework and ensure that learning from QA work is shared and embedded within social care practice	Weaknesses in practice are identified and there is evidence of learning and improvement	0-25 disability service manager	Jun-17		
1.8	Duty system responds to issues that arise and new referrals in a timely way and in accordance with the assessment protocol	The duty service is effective in responding quickly to children's needs. Assessments are completed in a timely way and to a good quality standard	0-25 disability service manager	Oct-17		
1.9	Stabilise staffing in 0-25 disability team	Improved level of permanent staff within the service	0-25 disability service manager	Apr-18		
Evidence of Success:					Impact BRAG	Comments
Increasing percentage of case file audits within 0-25 disability service rated as requires improvement or good to 80% by Dec 17 and to 90% by Apr 18.						
All "open to review" cases to 0-25 disability service reviewed at a minimum of 6 monthly intervals; children will be seen at least every 12 months as part of a review. A new report is available and used to monitor this progress on a quarterly basis.						
Evidence that children and YP are seen is recorded on the child's case file record, on the correct form and within the required timescales. This is monitored on a fortnightly basis by ICS visit reports from Capita.						
Mandatory 12 month training programme for 0-25 disability staff is started by June 17						
Increase the % of permanent staff within the service and reduce the % of agency staff						
Report quarterly against improvement milestones regarding the implementation of the updated OTR practice protocol						
What children will say:						
I know where my case is in the process and to know about my plans. I had the same worker so I didn't have to explain myself over again and I feel secure.						

CHILDREN WHO NEED HELP AND PROTECTION

Recommendation 4. Ensure that the completion of welfare checks in the access and response team does not delay the provision of help to families and that decision-making is timely. Strengthen management information systems in the service to enable managers to monitor timescales more closely.

Owner Service manager, access and response team (Paul Brewster)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
4.1	Implement a MASH as per the established project plan	Improved outcomes for vulnerable children by accelerating collaborative safeguarding decision making and timely co-ordinated action planning	ART service manager	Apr-17		
4.2	Phase 1 - Ensure robust management oversight of the timeliness contacts into ART through scrutiny of the current Capita performance report on a daily basis to ensure timescales are monitored closely and action taken	Children, young people and their families receive timely support or advice without delay.	ART service manager	Mar-17		
4.3	Phase 2- Improve performance analysis within ART via the implementation of the new Children's IT system	A robust information system allows for easy monitoring of timescales, assisting management oversight	ART service and team managers	Apr-18 - June-18		
4.4	Management rationale is evidenced on file of any contact that exceeds 5 days, clearly demonstrating any risk has been assessed.	Impact of any contact exceeding 5 days has clearly been assessed by the team manager that it is safe to do so	ART service and team managers	Mar-17		
Evidence of Success:					Impact BRAG	Comments
ART, including MASH, will have a specific set of performance data to scrutinise data and manage timescales. Data set will be reviewed by ICS Governance Board and provided to the SGSCB						
Performance data will evidence that contacts have been processed in timescales and children have had timely decisions made and appropriately moved on to the right service						
Audit activity will evidence clear management oversight and rational for decision making at the front door						
What children will say:						
Early help meant my problems did not escalate. By telling someone and getting help meant the issue didn't continue and so I didn't have long term effects like suicidal thoughts, self-harm, depression and bullying.						

CHILDREN WHO NEED HELP AND PROTECTION

Recommendation 5. Ensure that child protection thresholds and decisions, including the application of the significant harm threshold, are known and understood across the partnership. Review local procedures and training for staff to ensure that these, and practice, comply with the requirements of guidance and legislation and that comprehensive multi-agency information relating to all members of children's households inform the analysis of risk. Ensure that all agencies, in particular the police, engage fully in all relevant child protection processes.

Owner Head of service (Sonya Miller)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
5.1	Meet with senior Avon & Somerset police colleagues and develop a partnership plan to address areas identified, in line with their service review	That there is a shared understanding at a senior level of the issues to be addressed and shared ownership of the priorities for service delivery and monitoring of progress	ICS head of service	Apr-17		
5.2	Following implementation of MASH in April 2017, monitor and evaluate the impact and progress and report to the partnership board, SGSCB and Improvement Board.	Clear evidence of threshold being understood and good practice in threshold application impacts on good decision making.	ART service manager; MASH steering group	Jun-17		
5.3	Review procedures and relaunch with partners both operationally and strategically.	Partners demonstrate consistent knowledge and application of threshold and actively participate in decision making. ICS staff understand and demonstrate compliance with 'Working Together' and local safeguarding procedures	Strategic safeguarding service manager; ART service manager	Jun-17		
5.4	Quality Assurance audits of threshold decisions considering both social care and partnership contributions.	Evidence of partnership understanding of application of threshold is collated and any learning is shared. Confident application of step up / step down arrangements	ART Service manager	Jul-17		
Evidence of Success:					Impact BRAG	Comments
Increase in number of ABE interviews that are jointly held with social care; identify current baseline.						
100% of strategy discussions involve police participation. Note - implementation of Corelogic Mosaic will enable a report of the % of strategies with police attendance; in the interim dip sampling will be required as a quarterly measure.						
100% of Quality Assurance audits of threshold discussions, across the system, are graded as Good, including partnership contributions.						
Compliance and thematic audits provide assurance that child protection procedures are followed in all cases. Audit reports are reported to the LSCB						
What children will say:						
A good service means I feel safe, supported and happier with my life.						

CHILDREN WHO NEED HELP AND PROTECTION

Recommendation 6. Improve the timeliness of return home interviews for children who go missing from home or care to understand more quickly why they went missing and what happened while they were away.

Owner Service manager, preventative services (Geri Palfreeman/Kevin Sweeney)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
6.1	Review what data is collected when, by whom and how it is reported in relation to RHI process	Identify strengths, gaps and actions	Preventative services service manager; missing sub-group chair	Jul-17		
6.2	Review current RHI process, to identify barriers to deliver RHI within 72 hrs including a specific focus on LAC	Removal of identified barriers	Preventative services service manager	Jul-17		
6.3	Ensure systematic collection of reasons for RHI not being achieved within 72 hrs	Effective monitoring enables safeguarding concerns to be identified	Preventative services service manager	Jul-17		
6.4	Ensure the new children's IT system is able to collect data for the whole missing children's process	Relevant reports for the whole missing children's process are produced and analysed (all missing children)	Preventative services service manager; ART service manager; consultant social worker	Apr-18 - Jun-18		
6.5	Report findings from data collation and RHIs to service managers to enable effective follow up of actions and learning identified on an individual case and theme basis	There is an effective response from operational teams to children and young people who go missing	ICS service managers	Jul-17		
6.6	SGSCB CSE and missing sub groups merge	Ensure strategic overview of relationships between CSE and missing is in place and informs operational priorities	SGSCB CSE and Missing sub group chairs	Oct-17		
Evidence of Success:					Impact BRAG	Comments
The percentage of RHIs for young people who have agreed to a RHI completed within 72 hours increases to 75% by April 2018						
Data is systematically collected and reported to SGSCB missing children and CSE subgroup, to the LSCB and ICS governance board						
What children will say:						
I know where to go for help. I don't want my parents to worry and I don't want to get into trouble. Someone recognised my issues and supported me so that my problems didn't escalate.						

CHILDREN WHO NEED HELP AND PROTECTION

Recommendation 7. Review the use of South Gloucestershire's early help assessment process and take steps to ensure that agencies work closely together to meet the needs of individual families. Ensure that, when appropriate, early help plans are in place, shared with families and informed by an assessment of need.

Owner Service manager, preventative services (Geri Palfreeman/Kevin Sweeney)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
7.1	The Council will commission an independent review of the Early Help Offer across the system to understand current provision challenges and identify clear actions for developing the Early Help offer for South Glos. This will include: • a review of current Early Help assessments, planning and review processes • identification and agreement of an Early Help assessment and review process which is coherent and ensures that the needs of every child and family are understood and addressed.	Following engagement of the SGSCB and CYP&F partnership, the future 'Early Help Offer' and coherent early help response for children, young people and families is agreed. This will include: • Workflow systems support a multi agency response to address identified needs where appropriate • Shared understanding across partnership of the strengths and gaps of current processes • Every child, young person or family receiving a service from early help/preventative services has a clear assessment of need and an appropriate plan to meet those needs • Clear pathways for assessment of need and effective early help response is identified and embedded	Director of CAH; ICS head of service	June to Dec 17		
7.2	Implement the recommendations arising from the independent review of the Early Help offer, specifically relating to the assessment process within SGC Preventative Services	The agreed early help offer for children, young people and families in South Glos is implemented.	Preventative services service manager ; ART service manager	Jan-Apr-18		
7.3	Review and implement workflow processes within Preventative Services (alongside Corelogic Mosaic developments) to ensure action plans are linked to a clear assessment of need and amend the 'single service work plan' to ensure multiagency working where appropriate.	All Preventative Services cases are linked to a clear assessment of need and the workflow system supports a multiagency response to address identified needs. Implementation aligned with the roll out of Mosaic.	Preventative services service manager	Apr-18-Jun-18		
Evidence of Success:					Impact BRAG	Comments
A revised Early Help model including a coherent assessment, plan, do, review cycle is agreed by SGSCB and CYP&F Partnership in December 2017 and implemented by April 2018						
Audit activity evidences that all cases subject to a Single Assessment Framework (early help) (SAFeh) or receiving support from preventative services have a clear assessment of need.						
Increase the number of referrals to social care that have had a SAFeh to 20% by December 2017.						
Early Help data set, evidence of impact is reported to the LSCB						
What children will say:						
A good service makes me feel protected and I feel better because someone has helped me to make friends. It is very hard to keep your social like and school life in balance and early help has helped me do this and therefore I feel better.						

CHILDREN WHO NEED HELP AND PROTECTION

Recommendation 12. Ensure that the diverse needs of children and their families are considered through assessments and, when appropriate, inform plans for children.

Owner Service manager, access and response team (Paul Brewster)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
12.1	Explore and define how this information is currently recorded in assessments and plans and develop plan to ensure diverse needs are evident	Assessment and plan formats within the new children's IT system allow for (and prompt) social workers to record and analyse each individual child and reflect the diverse needs of all children within a family	ART service manager	Nov-17		
12.2	Assessments are holistic, embrace all family members and are informed by the professional viewpoint and evidence of other agencies where appropriate	Needs, including risks, of children are understood in a broader family context	ART service manager	Jul-17		
12.3	Regular themed audit activity of the quality of assessments	Children's individual needs are explicit within assessments and these evidence that they inform care plans	ART service manager	Jul-17		
Evidence of Success:					Impact BRAG	Comments
Results of audits, including of staff supervision, demonstrate that children's diverse needs are clearly evidenced and this is embedded in all areas of social work practice						
What children will say:						
I have an adult I can trust. Professionals are non-judgemental and understand my issues. Professionals communicate with me in a way I understand.						

CHILDREN WHO NEED HELP AND PROTECTION**Other Improvement Priorities: Help and Protection**

Owner Head of service (Sonya Miller)

Plan					Reporting progress		
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments	Para no./comment in Ofsted report
H&P1	Ensure that all plans for children and young people are of good quality and that timescales are clear. CP Chairs quality assure CPPs at each conference. CiN Chairs quality assure CiN plans at each CiN meeting	That plans are clear and communicated to parents and result in positive outcomes for children and families. Action plans are clear, timely and targeted towards the assessed support needs of children	ICS service managers; quality assurance and reviewing manager	Jul-17			para 35 - child in need and child protection plans are variable in quality. They often lack clear and timely actions. This leads to a lack of targeted support for some children
H&P2	Ensure systematic collation of outcomes for EHE young people post completion of statutory education.	Destination outcomes for those EHE young people leaving education are known, as well as those who don't move on so that appropriate support can be identified	Head of education, learning and skills	May-17			Para 46 - Elective home education information about what the children do once they have completed the statutory phase of their education is not systematically collected
H&P3	Review the recording practice of discussions with professionals re concerns.	Accurate records are in place to ensure that concerns are responded to.	LADO	Jun-17			Para 48 - Referrals concerning allegations against staff: Recording of discussions with concerned professionals could be further improved
Evidence of Success:					Impact BRAG	Comments	
Child protection plans are SMART and outcomes for children are evidenced							
All those leaving statutory education are supported to achieve their choice of education/employment							
Case audits demonstrate SMART plans linked to support to meet children's needs							
Quarterly IRO report to ICS governance board provides commentary on quality issue and incidence of escalation							
What children will say:							
I like education, my school is outstanding and the work is designed for me.							

CHILDREN LOOKED AFTER AND ACHIEVING PERMANENCE

Recommendation 11. Take steps to improve the consistency and timeliness of response to children who are privately fostered.

Owner Service manager, corporate parenting (Nicola Hannaford)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
11.1	Revise protocol to ensure that there is timely notification and increased understanding of private fostering arrangements.	Children and young people in private fostering arrangements are promptly identified, assessed and needs met; private fostering assessments will embed signs of safety methodology	ART team manager	Jul-17		
11.2	Ensure private fostering assessment and visits are in timescale.	Prospective carers are assessed within timescales and children are seen within timescales	Fostering team manager	Sep-17		
Evidence of Success:					Impact BRAG	Comments
100% of private fostering assessments and at least 95% of visits are completed in timescales; compliance and achievement of expected performance will be scrutinised by ICS governance board and reported to LSCB						
Audits of private fostering assessments will evidence consistent use of signs of safety methodology						
Annual report presented to the ICS Governance board and SGSCB demonstrates quality and timeliness of private fostering service						
What children will say:						
I feel safe in my placement and my needs are met. Being with a family makes me feel safe and reassured.						

CHILDREN LOOKED AFTER AND ACHIEVING PERMANENCE

Recommendation 13. Improve the quality of assessments and plans for children looked after to ensure that they reflect children's changing circumstances and needs, and that they are clear, analytical and focused on improving outcomes.

Owner Service manager, corporate parenting (Nicola Hannaford)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
13.1	Issue clear guidance for when a single assessment should be completed for a LAC, and define what good looks like	Single assessments will be completed at key points of significant change or life events; assessments will evidence consistent usage of signs of safety methodology	Corporate parenting service manager	Jul-17		
13.2	Ensure assessments are regularly completed to inform care plans	Updated assessments (contained within the care plan) will be completed on a six monthly basis and inform the care planning process; Care plans will evidence consistent implementation of Signs of Safety methodology	LAC team manager	Nov-17		
13.3	IROs will review the current assessment prior to each LAC review, feedback re: quality and escalate concerns where necessary	The IRO is assured that the assessment informs the care plan and sets out the actions needed to improve outcomes	Quality assurance and reviewing manager	Jul-17		
Evidence of Success:					Impact BRAG	Comments
Audits will demonstrate that assessments are updated on a 6 monthly basis and inform care planning for LAC and single assessments are completed at points of significant change. The results of the audits will be monitored and scrutinised by the ICS governance board.						
Audits will demonstrate that assessments and care plans are of consistently good quality. Audits of assessments and care plans will evidence that signs of safety methodology is consistently embedded. The results of the audits will be monitored and scrutinised by the ICS governance board.						
Audits will demonstrate that care plans contain an updated assessment of child's needs. Performance and required practice improvement is monitored by ICS governance board.						
Audit outcomes will be presented to the Corporate Parenting Strategy Group						
What children will say:						
I am listened to quickly. My social worker is helpful and honest and helps me get through life more easily. My social worker asks my opinion and does not push views onto me.						

CHILDREN LOOKED AFTER AND ACHIEVING PERMANENCE

Recommendation 14. Improve the early consideration of permanence options for all children who cannot live with their birth families. Ensure that parallel planning and contingency plans for children are clearly recorded in their case files.

Owner Service manager localities social care (Caryn Desmond)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
14.1	Implement a regular permanence tracking meeting, being clear about how this would operate.	Improve early consideration of permanence options for all children who cannot live with their birth families. More robust and increased strategic oversight of those CIC who are not yet in a permanent placement. No drift and delay for any child in achieving permanence.	ICS head of service	Jun-17		
14.2	Hold a training session for IROs regarding the need to discuss and record all permanence and parallel planning options at every LAC review.	Strengthen IRO oversight and direction, regarding permanence planning and recording of triple tracking options within every LAC review.	Quality assurance and reviewing manager	Jun-17		
14.3	Hold permanence planning meetings for those children where adoption or long term fostering has been identified as a possible plan before the second LAC review; to involve IRO/ Adoption SW/CIC SW and Locality SW.	Strengthen parallel planning and triple tracking for those children where adoption or long term fostering is a possible plan.	Corporate parenting service manager	Sep-17		
Evidence of Success:					Impact BRAG	Comments
Development of permanency tracking meetings - including definition of focus and regularity. Proposal to be agreed and approved by ICS governance board by end May 2017						
Audit activity will evidence that every child's LAC review notes records consideration of the permanence options for that particular child and the parallel plans (triple tracking), including timescales, that are in place to achieve these options. ICS governance board will oversee this evidence via summary audit reports.						
Audit activity will evidence that permanence planning meetings are held and then recorded on a child's file for those children where adoption or long term fostering is a possible plan. The record of the meeting on the child's file will detail joint social working arrangements and timescales for actions that will lead to effective triple track planning and early permanence being achieved. 80% of initial permanence planning meetings held before the second LAC review. ICS governance board will oversee this evidence via summary audit reports.						
A regular report will be available of the % of children not in a matched placement within 6 months of being placed in a long term foster placement.						
What children will say:						
I feel included in the decision about my life and able to talk about what is important to me with my social worker.						

CHILDREN LOOKED AFTER AND ACHIEVING PERMANENCE

Recommendation 17. Improve the timeliness of children’s looked after reviews and strengthen the role of the independent reviewing officer service in challenging plans that are not progressed quickly enough for children.

Owner Strategic safeguarding Service manager (Catherine Boyce)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
17.1	Develop a set of clear expectations re the purpose of and arrangements for LAC reviews to promote cultural change that recognises the importance of reviews and the priority that must be given to them.	Reviews are held on the scheduled date. (the exception being when the IRO has agreed a request from the child /YP to change their review date)	Quality assurance and reviewing manager	Jun-17		
17.2	Develop standards regarding the role of IRO/CP Chair in overseeing progression of a child's/YP's LAC care plan and CP plan and the action to be taken when progress is not being made	Improved oversight of progress of plans by IROs leading to early challenge to social workers and managers to minimise any drift for child.	Quality assurance and reviewing manager	Jul-17		
17.3	Review business support process for LAC reviews to provide improved monitoring of timeliness of LAC reviews and understand reason for each LAC review not completed on time	Improved timeliness of LAC reviews; appropriate corrective action taken	Quality assurance and reviewing unit manager; principal social worker	Apr-17		
17.4	Report how many children and young people attend their LAC review	We know how many LAC attend their reviews	Quality assurance and reviewing unit manager	Jun-17		
Evidence of Success:					Impact BRAG	Comments
Timeliness of LAC reviews improves to and is maintained at 95% held on time by September 2017						
We are able to report the percentage of LAC who attend their reviews						
IROs offer more challenge re: progress of plans as evidenced on the child's file and this impacts positively on outcomes for children and young people						
Quarterly IRO report to ICS Governance board details incidences of and reasons for challenge						
What children will say:						
I feel included in the decision about my life and able to talk about what is important to me with my social worker. I know more about what happens when I am older; I understand all my plan.						

CHILDREN LOOKED AFTER AND ACHIEVING PERMANENCE

Recommendation 18. In partnership with care leavers, review the pathway planning process so that it is meaningful to young people and is more helpful in ensuring that their outcomes improve.

Owner Service manager, corporate parenting (Nicola Hannaford)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
18.1	Consult with the Children and Care Council/Care Leavers on the new children's IT system pathway plan	Young people have a pathway plan template that is meaningful and helpful in ensuring that their outcomes improve; Pathway plans will consistently embed Signs of Safety methodology	Transition to independence team manager	Jul-17		
18.2	Complete pathway plan reviews with young person and within timescales	Young people co-produce their pathway plan and view it as a useful process for changing things for them and improving their outcomes.	Transition to independence team manager	Dec-17		
18.4	Explore the option for pathway plans to be overseen/led by an independent chair	Pathway plans will be of good quality, outcome focussed and be completed with young people in all circumstances pathway plans will be reviewed within timescales	Head of commissioning, partnerships and performance	Sep-17		
18.5	Set a clear expectation that young people should be supported to chair their own review (by the independent chair and PA) and that arrangements for their review are agreed with them	Young people who are able and willing to chair their review are consistently given the opportunity and support to do so.	Transition to independence team manager; corporate parenting service manager	Apr-18		
Evidence of Success:					Impact BRAG	Comments
At least 95% of pathway plans are reviewed in timescales by September 2017						
Audits will demonstrate that pathway plans are of good quality, consistently involve the young person, are SMART and effective in improving outcomes and demonstrate the signs of safety methodology is consistently implemented. The results of the audits will be monitored and scrutinised by the ICS governance board.						
Outcomes for care leavers across KPI's will meet or exceed performance targets (e.g. NEET, suitable accommodation etc) Young people tell us that they value their pathway plan in helping them to achieve their goals						
What children will say:						
I feel prepared for the positives and negatives in life My worker knows me which helps in knowing what I need My plan has lots of ideas to explore and steps on how to get there Reading my plan makes me proud to see how far I have come. I didn't feel pressured when I wasn't quite ready for independence and my worker took time to find out why						

CHILDREN LOOKED AFTER AND ACHIEVING PERMANENCE

Recommendation 19. Take further steps to close the gap between care leavers and all local young people in relation to employment, education and training. Increase opportunities for care leavers to work, train and gain employment experience within the council.

Owner Service manager, corporate parenting (Nicola Hannaford)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
19.1	Monitor NEET and review EET action plans for care leavers on a monthly basis to ensure improved performance.	EET outcomes for young people leaving care continue to improve and targets are met or exceeded	Corporate parenting service manager	Jul-17		
19.2	Virtual college to review current NEET cohort and EET action plans and ensure individual plans are realistic in improving outcomes	Young people who are NEET will have effective EET plans to remove barriers to accessing and sustaining EET	Virtual head teacher; corporate parenting service manager	Aug-17		
19.3	Increase the range of traineeships, apprenticeships and pathways to employment within the council and with local employers	Increased provision of traineeships and apprenticeships will be available to young people leaving care and EET targets will be met and/or exceeded	Corporate parenting service manager	Council - Nov-17 Others - Mar-18		
19.4	Complete implementation of the post 16 PEP	All care leavers between 16-19 years of age in further education have a post 16 PEP that is reviewed 3 times a year	Virtual head teacher	Sep-17		
Evidence of Success:					Impact BRAG	Comments
NEET Targets will be met and or exceeded, and the percentage of young people who are NEET will significantly improve. (35% by Dec-17 and 30% by Jun-18)						
Audits will evidence that all young people will either have a post 16 PEP or/and EET improvement plan						
What children will say:						
When looking to the future, I had support to be courageous about my career, housing and relationship goals. My worker is passionate about what I want to do, the steps I need to get there and put me in touch with experienced people for advice.						

CHILDREN LOOKED AFTER AND ACHIEVING PERMANENCE

Recommendation 20. Make sure that all care leavers are aware of, and are regularly reminded about, their entitlements as care leavers.

Owner Service manager, corporate parenting (Nicola Hannaford)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
20.1	South Glos offer to care leavers to be completed and include information regarding entitlements, independence pack	Care leavers know what support they are entitled to and able to access this when needed	Corporate parenting service manager	Aug-17		
20.2	Care leavers are reminded of their entitlements at each pathway plan review and this to be added to the IRO /reviewing officer checklist	Care leavers will be regularly updated and reminded	Corporate parenting service manager; transition to independence team manager	Jul-17		
Evidence of Success:					Impact BRAG	Comments
Audits and feedback from young people leaving care will demonstrate that they are aware of their entitlements and accessing appropriate support when needed						
Annual satisfaction survey will evidence young people leaving care are aware of their entitlements and will be reported to the Corporate Parenting Strategy Group						
What children will say:						
I have accessible resources where I can find out about my entitlements and support. The advice I received was given in a way that is not confusing.						

CHILDREN LOOKED AFTER AND ACHIEVING PERMANENCE**Other priority actions: Children looked after and achieving permanence**

Owner Service manager, corporate parenting (Nicola Hannaford)

Plan					Reporting progress		
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments	Para no./comment in Ofsted report
CLA&P 1	Repeat care episodes to be tracked and understood. Learning to be shared with staff	Ensure that children's needs are fully assessed and responded to the first time that they receive care from us.	ART service manager; locality service manager	Jul-17			para 51 - For a very small number of children, support is not properly targeted to meet their needs, leading to repeat care episodes or to children's needs not being fully met
CLA&P 2	Audit current LAC population and ensure delegated authority is in place where appropriate; IRO service to consider delegated authority at each review and ensure TMs are made aware of those workers who are not consistently providing this and escalate where necessary	Children and young people benefit from delegated authority to the carer	LAC team manager; corporate parenting service manager; quality assurance and reviewing manager	Sep-17			Para 77 - Delegated authority takes too long and only one of the six carers who met with inspectors said that they had a written delegated authority agreement
CLA&P 3	Complete foster carers annual reviews within timescales	Foster carers reviews will be consistently completed within timescales and consistently embed signs of safety methodology	Fostering team manager	Oct-17			Para 77 - only 80% of foster carer reviews completed in timescale
CLA&P 4	Extend membership of the children in care council to ensure that it is more representative of different ages and circumstances of children in care	Children in Care Council will be more representative of children in care in South Gloucestershire (including representation from different age groups, ethnicity, children and young people with disabilities and BME groups) and will be a strong voice for children in care representing their views.	Participation officer	Apr-18			Para 80 - Senior managers and leaders need to support the group to enable it to expand further, so that a greater range of children looked after are represented
CLA&P 5	Establish a care leavers drop in	Young people leaving care will have a warm and welcoming place to meet their personal advisors and other care leavers	Transitions to independence team manager	Oct-17			Para 95 - care leavers say that they would also like somewhere to meet or to drop into, because the office where the team is based is not conducive to young people visiting
Evidence of Success:					Impact BRAG	Comments	
Audits will demonstrate timely permanence for children in care, SGO, discharge care orders and long term matches will be achieved within identified timescales							
The Children in Care Council will include representation from different age groups, ethnic groups, young people with disabilities and those from BME groups and protected characteristics within South Gloucestershire.							
At least 95% of foster carer annual reviews are undertaken within timescale by Oct-17							
100% of children in long term foster care will have their match agreed							
Care leavers will report they have a warm and welcoming place to meet							
Audits of foster carers annual reviews will evidence that signs of safety methodology is consistently embedded.							
Audits of LAC care plans will include the presence of delegated authority							
Quarterly IRO report to Governance Board will include delegated authority compliance							
At least 95% of care leavers (including those with high care needs) will be placed in suitable accommodation							
What children will say:							
As a care leaver, I feel safe and understand risks; I feel less lonely and isolated. I trust my carer.							

SOUTH GLOUCESTERSHIRE SAFEGUARDING CHILDREN BOARD

LSCB1. Provide clear guidance to staff about the procedures and processes to be used when children and young people are at risk of significant harm due to child sexual exploitation.

Owner Strategic safeguarding service manager (Catherine Boyce)

Plan					Reporting progress		
Ref	Action	Desired outcome	Lead	Due date		Progress BRAG	Comments
LSCB1.1	A dedicated consultant social worker will bridge the strategic intentions of the SGSCB and operational implementation.	ICS service awareness of CSE research, procedures and practice improves	Strategic safeguarding service manager	Jul-17			
LSCB1.2	Revise the SERAF, taking into account national research, and the functionality offered by the new children's operating system, in order to fit the needs of South Glos.	The revised SERAF is a useful tool to assist practitioners in identifying the risk of CSE. The consistent usage impacts directly on positive outcomes for children and young people	Consultant social worker	May-17			
LSCB1.3	Merge SGSCB missing and CSE sub-groups	Ensure strategic management of relationship between CSE and missing ins in place and informs operational priorities and practice	Strategic safeguarding service manager	Oct-17			
LSCB1.4	Rewrite the multi agency guidance to make it much clearer what steps should be taken to identify, assess and reduce the risk of CSE, to include the interface between CSE and CP procedures	All practitioners are clear what action they should take and when	SGSCB CSE sub group; strategic safeguarding service manager	May-17			
LSCB1.5	Implement the annual multi-agency CSE training programme. Each course will be jointly led by a trainer and a practitioner, both of whom would have undertaken the train the trainer events.	SGSCB partnership workforce is trained regarding CSE commensurate with their role	SGSCB training sub group	May-17			
LSCB1.6	Monitor the completion of CSE training amongst the social care and wider multi-agency workforce and address with any teams or organisations who have not undertaken CSE training.	SGSCB partnership workforce is trained regarding CSE commensurate with their role	SGSCB CSE sub group; strategic safeguarding service manager	Twice yearly			
LSCB1.7	Develop performance reports, both data based and qualitative to understand CSE in South Glos, to include a specific focus on LAC and care leavers	There is coordinated multi agency oversight of all children known to be at risk of CSE to identify patterns, themes and links	Senior information analyst; SGSCB CSE sub group	Jul-17			
LSCB1.8	Undertake a SGSCB mapping exercise in order to assess the understanding of the local response to CSE	Any gaps in the Board and its member organisations understanding of the local response to CSE can be understood and action taken to address this.	SGSCB	Sep-17			
LSCB1.9	Develop and implement a risk assessment model/pathway for all high risk children, to include those at risk of CSE, ensuring a partnership approach	Risk management pathway agreed and all high risk children are known to a senior multi agency leadership team who are able to quality assure the response to their individual needs	ICS head of service	Sep-17			
Evidence of Success:						Impact BRAG	Comments
The updated guidance, including the updated SERAF is launched and is used consistently							
Performance reports, both data based and qualitative enable multi agency oversight of all children to identify patterns, trends and links							
80% of the South Glos workforce is trained in CSE commensurate with their role							
Practice audits, single and multi agency, demonstrate the consistent application of CSE thresholds and procedures and tests whether the SERAF has been completed as part of comprehensive and accurate risk assessment.							

SOUTH GLOUCESTERSHIRE SAFEGUARDING CHILDREN BOARD**LSCB2. Provide robust oversight and scrutiny of practice in relation to the 0–25 disability service.****Owner** Strategic safeguarding service manager (Catherine Boyce)

Plan					Reporting progress		
Ref	Action	Desired outcome	Lead	Due date		Progress BRAG	Comments
LSCB2.1	SGSCB consider SEND safeguarding issues report	SGSCB addresses inter-agency responsibility towards safeguarding children and young people with SEND	0-25 disability service manager	May-17			
LSCB2.2	Establish SGSCB task and finish group to address issues set out in March SEND safeguarding report and provide the SGSCB with recommendations	The task and finish group will consider a model and process for the SGSCB to be assured that SEND children and young people are safeguarded by the key organisations with which they come into contact	Task and finish group	Sep-17			
LSCB2.3	Review SGSCB training offer in relation to safeguarding SEND children and young people both as stand alone and integrated into other training courses	Practitioners and managers have an improved understanding of safeguarding SEND children and young people	SGSCB training sub group	Oct-17			
LSCB2.4	Establish a regular reporting process from 0-25 disability service of improvement actions taken and progress made	The SGSCB is able to provide oversight and scrutiny of the 0-25 disability service and its practice	CAH director	May-17			
LSCB2.5	Establish the performance data that would be helpful to the SGSCB and ensure its inclusion in the quarterly performance report	The SGSCB is able to provide oversight and scrutiny of the 0-25 service and its practice	Task and finish group	Sep-17			
Evidence of Success:						Impact BRAG	Comments
Use of Signs of Safety embedded within the 0-25 disability service							
SGSCB assurance of the effectiveness of the recognition and response to safeguarding concerns involving SEND children and young people							
Supplementary Section 11 audit completed by core SGSCB members by October 2017. Results inform SGSCB business plan for 2018/19							
Single agency audits of 0-25 disability service reported to SGSCB; SGSCB audit undertaken by October 2017							
SGSCB training plan evidences inclusion of SEND							
SGSCB adopts a SEND safeguarding strategy October 2017							
SGSCB annual report 2017/18 includes specific information in relation to SEND							
Concerns in relation to the safety and wellbeing of children and young people in the 0-25 disability service are known to the Board and appropriately monitored and challenged							
Data and commentary identify worrying issues and actions taken by the Board are evident.							

SOUTH GLOUCESTERSHIRE SAFEGUARDING CHILDREN BOARD**LSCB3. Ensure that the effectiveness of early help services is properly evaluated.**

Owner Strategic safeguarding service manager (Catherine Boyce)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
LSCB3.1	The Council will commission an independent review of the Early Help Offer across the system to understand current provision challenges and identify clear actions for developing the Early Help offer for South Glos. This will include considering evaluation tools and measurements.	Following engagement of the SGSCB and CYP&F partnership, the future 'Early Help Offer' and coherent early help response for children, young people and families is agreed, along with evaluation tools and measurements.	Director CAH; ICS head of service	June to Dec 17		
LSCB3.2	Implement the recommendations arising from the independent review of the Early Help offer.	The agreed early help offer for children, young people and families in South Glos is implemented.	Preventative services service manager ; ART service manager	Jan-Apr-18		
LSCB3.3	Implement the evaluation and outcomes framework agreed by the SGSCB and CYP&F Partnership.	Evaluation tools and measurements will be used to measure the impact of Early Help support and all partners are actively collecting evidence to demonstrate this	Preventative services service manager	Apr-18		
LSCB3.4	Establish a reporting cycle to the SGSCB and the CYP&F Partnership	Strategic leads across partnerships understand the impact of Early Help services and use this to inform developments and improvements	Preventative services service manager	Apr-18		
Evidence of Success:					Impact BRAG	Comments
A revised Early Help model including a coherent assessment, plan, do, review cycle is agreed by SGSCB and CYP&F Partnership in December 2017 and implemented by April 2018						
Data and evidence of impact of Early Help is routinely collected and reported through the relevant strategic partnership and informs developments and improvements.						
Baseline measures of effectiveness established and quantifiable target improvements agreed where appropriate, against which progress is measured.						

SOUTH GLOUCESTERSHIRE SAFEGUARDING CHILDREN BOARD**LSCB4. Establish links with Eastwood Park Prison mother and baby unit to ensure that these babies are safeguarded and that their welfare is promoted.**

Owner Strategic safeguarding service manager (Catherine Boyce)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
LSCB4.1	Establish links between the unit and the SGSCB so that the Board can be satisfied that the prison's babies are safeguarded appropriately.	Babies in the unit are safeguarded appropriately and there is Board oversight of this. The unit is represented on the SGSCB	Strategic safeguarding service manager; chair SGSCB; prison governor	Jun-17		
LSCB4.2	Establish a named contact between the LADO and the unit. The LADO receives and reviews regulatory reports in relation to the unit	The LADO has oversight of any concerns in relation to safeguarding incidents, including allegations against staff that work in the unit	Strategic safeguarding service manager	Jun-17		
LSCB4.3	Establish a reporting framework for the unit to the SGSCB, including the unit's completion of the S11 audit	The SGSCB is able to monitor and challenge as appropriate	SGSCB	Sep-17		
LSCB4.4	SGSCB to review the prison's policy and procedures in relation to the mother and baby unit	To ensure policy and procedure is fit for purpose and in line with SWCPP	SGSCB	Sep-17		
Evidence of Success:					Impact BRAG	Comments
The SGSCB will have confidence in the robustness of safeguarding policy and procedures in the unit and their operational implementation						
The SGSCB receives the prison's safeguarding policy and procedures for the mother and baby unit in June 2017						
The SGSCB receives six monthly reports commencing September 2017						
There is agreement that the LADO visits at six monthly intervals with the first inter-agency visit in September 2017						
The LSCB receives external inspection reports relevant to its safeguarding duties						
Actions and outcomes are reflected in the SGSCB Annual Report 2017/18						
The unit regularly reports to the SGSCB and has policy and procedure that are fit for purpose						
The SGSCB is able to maintain regular oversight of the mother and baby unit and be satisfied as to the welfare of the babies placed there due to the robustness of their safeguarding procedures						

SOUTH GLOUCESTERSHIRE SAFEGUARDING CHILDREN BOARD

LSCB5. Further review the multi-agency dataset to ensure that it contains sufficient information to judge the effectiveness of services, particularly in relation to child protection practice.

Owner Strategic safeguarding service manager (Catherine Boyce)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
LSCB5.1	Executive to review the performance report to ensure it is, overall, providing the SGSCB with the information it needs to effectively judge effectiveness of services. More specifically the report will be revised to include: <ul style="list-style-type: none"> • a 3 year trend for all CP data • the child protection "journey" captured at key decision points, including timeliness and ratio (%) between decision points i.e.: <ul style="list-style-type: none"> • CP Referral • CP strategy • S47 (or specified alternative) • ICPC (or specified alternative) • CPP (or specified alternative) 	The performance report contains the information the SGSCB needs to monitor the effectiveness of child protection practice and ensure the appropriate application of CP thresholds.	Senior information analyst; strategic safeguarding service manager	Sep-17		
LSCB5.2	The performance returns will be presented using a front cover template in signs of safety format and 'worries' will be subject to challenge and debated. Specific actions arising will be logged and tracked by the SGSCB manager	The format will promote improved focus, rigour and engagement of SGSCB members who will have a clear line of sight on issues of concern	Strategic safeguarding service manager	Sep-17		
LSCB5.3	The performance report will include a data section on private fostering	SGSCB sighted on private fostering performance	Strategic safeguarding service manager; Senior data analyst	Sep-17		
LSCB5.4	In conjunction with the data set, the Board considers the learning from both multi agency and single agency audits in relation to child protection practice. These audits to include an overall judgement and a SMART action plan	CP thresholds and procedures are consistently applied correctly	SGSCB quality assurance sub group	Jul-17		
LSCB5.5	Establish a MASH data set as part of the performance report	To enable SGSCB scrutiny of MASH performance	Senior information analyst	Jul-17		
Evidence of Success:					Impact BRAG	Comments
The SGSCB is able to monitor, scrutinise and challenge the effectiveness of practice within South Glos						
Improved performance report implemented September 2017						
Benchmarked SGSCB performance against DfE data shows positive outcomes						
Impact of challenge tracked and reflected in SGSCB Annual Report 2017/18						
Practice audits demonstrate the consistent application of CP thresholds and procedures						

SOUTH GLOUCESTERSHIRE SAFEGUARDING CHILDREN BOARD**LSCB6. Increase challenge and scrutiny of practice relating to children who are privately fostered.****Owner** Strategic safeguarding service manager (Catherine Boyce)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
LSCB6.1	Put in place a 6 monthly reporting schedule, to include information in relation to timeliness of initial response, assessment and visits for privately fostered children and the outcome of audit activity	Any deficits in the response to privately fostered children are understood and challenged by the Board	Corporate parenting service manager; Chair SGSCB	Sep-17		
LSCB6.2	Provide the SGSCB with a single agency audit at a minimum annually. The SGSCB may choose to undertake a multi-agency audit if recorded as a 'worry'	Timescales met and quality of work undertaken on private fostering carers	ICS audit team SGSCB QA sub group	1st Audit Jun-17		
LSCB6.3	Review the pathway for Private Fostering assessments and ongoing monitoring within social care	The work necessary is undertaken by the team who are best placed to ensure a timely and thorough service is received	ICS head of service	Sep-17		
Evidence of Success:					Impact BRAG	Comments
The response to privately fostered children in South Glos is timely and in line with legislation. 100% of assessments and 95% of visits should be on time.						
Actions taken by the SGSCB as a result of considering the dataset are evident.						
The SGSCB will receive a comprehensive annual report of private fostering						
Private Fostering will be reflected in the SGSCB Annual Report 2017/18						

SOUTH GLOUCESTERSHIRE SAFEGUARDING CHILDREN BOARD

LSCB7. Ensure that the processes of the board are rigorous, that actions agreed are monitored and that priorities are evaluated for their impact on outcomes for children.

Owner Strategic safeguarding service manager (Catherine Boyce)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
LSCB7.1	At the start of each SGSCB meeting, review all open actions from previous meetings and take action regarding lack of progress or completion	Identified actions are acted upon in a timely and purposeful way and the SGSCB meetings confirm this	Chair SGSCB	May-17		
LSCB7.2	Ensure the business plan for 2017-18 is clear in identifying the impact the SGSCB expects each action to have	Actions the SGSCB identifies as priorities have a direct impact on the children and young people of South Glos	Chair SGSCB	Apr-17		
LSCB7.3	Maintain and review the challenge log at each SGSCB meeting	SGSCB challenge is followed up to ensure appropriate actions have been taken and a resolution is clear	Chair SGSCB	May-17		
LSCB7.4	Approve the SGSCB budget for 2017-18	There is a clearly defined budget for 17-18 to assist with planning	Chair SGSCB	Mar-17		
LSCB7.5	Undertake a multi agency training needs analysis	That the SGSCB training offer meets the needs of the workforce within South Glos	SGSCB training sub-group	Jul-17		
Evidence of Success:					Impact BRAG	Comments
The SGSCB works in an efficient and purposeful way to ensure children and young people in South Glos are safeguarded and the minutes reflect this						
Practitioners in South Glos have their needs met in terms of training and are clear as to the SGSCB's vision and plans in relation to safeguarding children						
The annual report provides an assessment of SGSCB activities and their impact on outcomes for children and young people						

SOUTH GLOUCESTERSHIRE SAFEGUARDING CHILDREN BOARD**LSCB8. Strengthen the usefulness of the annual report by more closely evaluating what the board has achieved against its key priorities.****Owner** Strategic safeguarding service manager (Catherine Boyce)

Plan					Reporting progress		
Ref	Action	Desired outcome	Lead	Due date		Progress BRAG	Comments
LSCB8.1	Strengthen the format of the annual report to include a clear focus and analysis of priority themes and impact on practice	The impact the SGSCB has had on outcomes for children and young people is evidenced	Strategic safeguarding service manager	Jul-17			
LSCB8.2	Include a review of progress against the business plan within the annual report	To evidence the work of the SGSCB during the course of the year	Strategic safeguarding service manager	Jul-17			
LSCB8.3	Align sub group priorities to SGSCB priorities with SMART action plans that are approved by the SGSCB and reviewed during the course of the year	To ensure the sub groups are undertaking work in line with the SGSCB priorities	SGSCB sub group chairs	Jul-17			
Evidence of Success:						Impact BRAG	Comments
Revised annual report which the SGSCB believes evaluates and represents what it has achieved							
Partial or non-achieved business plan objectives are reviewed and inform subsequent business plan							

SOUTH GLOUCESTERSHIRE SAFEGUARDING CHILDREN BOARD

LSCB9. Scrutinise multi-agency understanding of female genital mutilation, including how agencies should respond in cases when it is suspected, and to ensure that advice and expertise is available.

Owner Strategic safeguarding service manager (Catherine Boyce)

Plan					Reporting progress	
Ref	Action	Desired outcome	Lead	Due date	Progress BRAG	Comments
LSCB9.1	Continue with the multi agency training programme, updating it as appropriate	The SG workforce are trained in how to recognise and respond to FGM	SGSCB training sub group	Apr-17		
LSCB9.2	Publish a learning brief following the review of a recent case of suspected FGM in South Glos (in which senior manager escalation was necessary to progress actions)	Practitioners learn from the experience of this case to avoid this being repeated in the future	Strategic safeguarding service manager	Jul-17		
LSCB9.3	Review the FGM guidance in light of the learning from review	FGM guidance is up to date and relevant to staff	SGSCB CSE sub group	Jul-17		
Evidence of Success:					Impact BRAG	Comments
The three key agency's - social care, police and NHS - respective roles and responsibilities are agreed, reflected in the FGM guidance and implemented in practice						
All cases of suspected FGM are responded to appropriately and practitioners know where to go for advice						