

Unannounced Action Plan July 2011

1. Provision of good quality & effective professional supervision

How will we know that we have been successful?

	Owner	Success indicator/targets with dates (number on left links to objective above)				RAG
		Baseline	2011/12	2012/13	2012/13	
1	Rose Case	Supervision takes place at least four weekly, two weekly for Newly Qualified Social Workers.	100%			G

	Priority actions (number on left links to objective above)	Completion Date	Who is responsible for leading within which agency?	Who is responsible for monitoring + how? (Officer and group)	Who is responsible for evaluating + how? (Officer and group)	Links to other strategic plans where further detail is available (name of plan)	RAG
1	Children & Families supervision policy to be updated & circulated to all Team Managers, Assistant Team Managers and other staff who have supervisory responsibilities	October 2011	Rebecca Barson	Sharon Davies	Carolyn Godfrey		A
2	Frequency of supervision to be monitored in monthly returns. System to be overseen by PA for Service Director.	Began June 2011	Sue Miluk	Sharon Davies	Carolyn Godfrey		G
3	Supervision to provide sufficient & appropriate rigour and challenge. Supervision notes to be recorded, typed and relevant information inputted onto Carefirst. Previous supervision notes to inform current supervision session. Actions agreed in supervision should be SMART with clear dates for completion of tasks in order to improve practice and outcomes.	August 2011	Rose Case	Rebecca Barson	Sharon Davies		A

Risks

	Description of risk for each objective, including financial pressures (number on left links to objective above)	Impact 1 – 4*	Likelihood 1 – 4*	Total Score	Comment/mitigation
1.	Insufficiently skilled management team are unable to meet supervisory expectations	1	1	1	Management team has been strengthened with an additional Assistant team manager to improve management capacity. Training for managers is challenging to ensure robust and analytical supervision for Social Workers.

* Key Impact 1 insignificant, 2 minor, 3 moderate and 4 significant. Likelihood 1 rare, 2 unlikely, 3 possible and 4 almost certain.

2. Robust interface between CAF and Children & Families Social Care

How will we know that we have been successful?

	Owner	Success indicator/targets with dates (number on left links to objective above)				RAG	
		Baseline	2011/12	2012/13	2013/14		2014/15
		1	Julia Cramp	% of “step down “ referrals to CAF co-ordinators are acted upon & evidence that CAF is completed for all inappropriate referrals to Referral & Assessment service.	50%		75%

	Priority actions (number on left links to objective above)	Completion Date	Who is responsible for leading within which agency?	Who is responsible for monitoring + how? (Officer and group)	Who is responsible for evaluating + how? (Officer and group)	Links to other strategic plans where further detail is available (name of plan)	RAG
1	CAF and Social Care protocol to be fully implemented with all inappropriate referrals to the Referral team being signposted to the CAF co-ordinators for follow up.	August 2011	Rose Case	Annie Hunter	Julia Cramp, Integrated Working group		A
2	Carefirst inputting to be reviewed to ensure that accurate information is being gathered in relation to CAF activity	September 2011	Rebecca Barson	Annie Hunter	Julia Cramp		A
3	Review levels of service and ways of working relating to processes undertaken by the CAF co-ordinators.	January 2012	Julia Cramp Rebecca Barson	Carolyn Godfrey			A
4	Six monthly report on “step down” activity to be provided to the Integrated Working group.	March 2012	Rebecca Barson	Julia Cramp	Carolyn Godfrey		R

Risks

	Description of risk for each objective, including financial pressures (number on left links to objective above)	Impact 1 – 4*	Likelihood 1 – 4*	Total Score	Comment/mitigation
1	Data is unavailable to support the effectiveness of the CAF in terms of improved outcomes for Children & young people in Wiltshire	2	3	6	Extended leadership team led by DCS have plan in place to measure impact of CAF across Wiltshire which will be monitored by the Integrated Working Group.
2					

* Key Impact 1 insignificant, 2 minor, 3 moderate and 4 significant. Likelihood 1 rare, 2 unlikely, 3 possible and 4 almost certain.

3. Improving the quality of strategy discussions

How will we know that we have been successful?

	Owner	Success indicator/targets with dates (number on left links to objective above)				RAG	
		Baseline	2011/12	2012/13	2013/14		2014/15
		1	Rose Case	All strategy discussions include at least three agencies	100%		

	Priority actions (number on left links to objective above)	Completion Date	Who is responsible for leading within which agency?	Who is responsible for monitoring + how? (Officer and group)	Who is responsible for evaluating + how? (Officer and group)	Links to other strategic plans where further detail is available (name of plan)	RAG
1	All strategy discussions must include at least three agencies from Social Care, health, education, police and other agencies as appropriate to ensure that they represent a multi agency viewpoint. This will be audited by the QA Sub group of the LSCB.	August 2011	Rose Case	Rebecca Barson	Sharon Davies		A
2	Audit of strategy discussions to be undertaken on a three monthly basis to measure multi agency involvement in strategy discussions.	November 2011	Rebecca Barson	Sharon Davies	Carolyn Godfrey, Social Care Improvement Board		A
3	Development of MASH (Multi Agency Safeguarding Hub) to be progressed which will improve and build stronger multi agency working to safeguard and protect children & young people in Wiltshire.	December 2011	Rebecca Barson	Sharon Davies	Carolyn Godfrey, Public Service Board		A
4	In rare occasions when there is insufficient Assessment team capacity to undertake joint Sec 47 investigations with police, Referral team Social Workers will be used and a back up rota from Safeguarding and Children with Disabilities teams to be developed	September 2011	Rose Case	Rebecca Barson	Sharon Davies		A
5							
6							

Risks

	Description of risk for each objective, including financial pressures (number on left links to objective above)	Impact 1 – 4*	Likelihood 1 – 4*	Total Score	Comment/mitigation
1	Insufficient multi agency involvement and sign up to strategy meetings	2	2	4	Developments with MASH are underway with sign up from Senior managers in key agencies.
2	Insufficient Social Work capacity to respond to joint investigations in both R& A and across Children & Families Social Work teams.	1	1	1	R&A management team is constantly reviewing service capacity and liaising with their colleagues if needs arise.
3					

* Key Impact 1 insignificant, 2 minor, 3 moderate and 4 significant. Likelihood 1 rare, 2 unlikely, 3 possible and 4 almost certain.

4. Agreed multi agency thresholds in place

How will we know that we have been successful?

	Owner	Success indicator/targets with dates					RAG
		(number on left links to objective above)					
		Baseline	2011/12	2012/13	2013/14	2014/15	
1	Julia Cramp	Number of inappropriate referrals to children's Social Care reduces as a % of the overall referrals received by the Referral & Assessment team.	% of referrals "closed at referral" reduces from Sept 2011 onwards.				G

	Priority actions (number on left links to objective above)	Completion Date	Who is responsible for leading within which agency?	Who is responsible for monitoring + how? (Officer and group)	Who is responsible for evaluating + how? (Officer and group)	Links to other strategic plans where further detail is available (name of plan)	RAG
1	New agreed Multi agency thresholds document in place. This will replace the internal Children & Families threshold matrix of need.	July 2011	Julia Cramp	Carolyn Godfrey			G
2	Appropriate referrals are made to Social Care in a timely way which evidence early intervention where appropriate, CAF's completed, TAC meetings taken place and evidences use of Gateway panels. This will strongly link with CAF actions see number 2	To begin September 2011	Julia Cramp	Carolyn Godfrey			A
3							
4							

Risks

	Description of risk for each objective, including financial pressures (number on left links to objective above)	Impact 1 – 4*	Likelihood 1 – 4*	Total Score	Comment/mitigation
1	Poor multi agency response to agreed threshold document despite comprehensive multi agency consultation process	2	3	6	Threshold document has been widely consulted upon with key partners and stakeholders and clear direction provided by the DCS. Alongside there will be refresher briefings and pro- active involvement of CAF co-ordinators to promote increasing understanding of the threshold document. Children & Families Social Care reps will attend all MAF's to promote embedding of the threshold document.
2					
3					

* Key Impact 1 insignificant, 2 minor, 3 moderate and 4 significant. Likelihood 1 rare, 2 unlikely, 3 possible and 4 almost certain.

5. Improved quality of referrals

How will we know that we have been successful?

	Owner	Success indicator/targets with dates (number on left links to objective above)				RAG	
		Baseline	2011/12	2012/13	2013/14		2014/15
		1	Rose Case	Evidence that referrals received by Social care are appropriate and timely	% of referrals "closed at referral" reduces from Sept 2011 onwards. Reduced repeat referrals		

	Priority actions (number on left links to objective above)	Completion Date	Who is responsible for leading within which agency?	Who is responsible for monitoring + how? (Officer and group)	Who is responsible for evaluating + how? (Officer and group)	Links to other strategic plans where further detail is available (name of plan)	RAG
1	Multi agency referral form to Social care to be reviewed to ensure that relevant information is being provided to assist in decision making in the Referral team and reduces time needing to be spent by Social Workers clarifying poor information. This piece of work will be informed by the information provided by Dr Suzanne Regan and her extensive work with local authorities to get the "Front door "services right.	October 2011	Rose Case	Rebecca Barson	Sharon Davies, SMT		A
2	Script to be provided for Social Workers in the Referral team to ensure consistency of response to agencies in terms of reinforcing agreed thresholds and processes to promote earlier intervention	September 2011	Rose Case	Rebecca Barson	Sharon Davies		A
3	Any changes to the referral form to be shared with the LSCB and Children's trust in order to improve the quality of information required.	November 2011	Rebecca Barson	Pam Robinson	Carolyn Godfrey		A
4	Twice yearly reports to be provided to the Social Care Improvement Board which analyses referral activity to R&A.	January 2012 & July 2012	Rebecca Barson	Sharon Davies	Carolyn Godfrey, Social Care Improvement Board		

Risks

	Description of risk for each objective, including financial pressures (number on left links to objective above)	Impact 1 – 4*	Likelihood 1 – 4*	Total Score	Comment/mitigation
1	Poor understanding of multi agency thresholds, sign up to early intervention	2	3	6	Agreed multi agency threshold document agreed across all agencies to be circulated in July 2011
2	Managers & Social workers not skilled and confident to challenge professionals with regard to the quality of their referrals and expectations of what Children & Families Social care can provide	2	2	4	Script and ongoing on the job training to be provided to all staff in R&A regarding this aspect of the work
3	Children and young people fall through the net between services at Level 2 /3.	2	2	4	Protocol in place to ensure that all cases are passed on to an appropriate lead professional through the CAF and Social care protocol.

* Key Impact 1 insignificant, 2 minor, 3 moderate and 4 significant. Likelihood 1 rare, 2 unlikely, 3 possible and 4 almost certain.

6. Voice of the child

How will we know that we have been successful?

	Owner	Success indicator/targets with dates (number on left links to objective above)				RAG	
		Baseline	2011/12	2012/13	2013/14		2014/15
1	Rose Case	The views of children & young people are embedded in all assessments & plans and are seen as part of every assessment	100% evidenced through Audit				G

	Priority actions (number on left links to objective above)	Completion Date	Who is responsible for leading within which agency?	Who is responsible for monitoring + how? (Officer and group)	Who is responsible for evaluating + how? (Officer and group)	Links to other strategic plans where further detail is available (name of plan)	RAG
1	The views of children and young people must be explicitly recorded as part of every assessment and it must be clear how the child's view have influenced plans of work. No assessments should be signed off by managers without this being explicitly recorded.	August 2011	Rose Case	Rebecca Barson	Sharon Davies		G
2	No Initial assessment should be authorised by a manager without the child or young person having been seen as part of the assessment process.	August 2011	Rose Case	Rebecca Barson	Sharon Davies		G
3	Ongoing programme of reflective case audits will monitor this aspect of the work in R&A service.	September 2011	Rebecca Barson	Sharon Davies	Carolyn Godfrey, Social Care Improvement Board		G
4	Social Workers identified as needing training in this aspect of the work will be provided with training as part of their ongoing professional development plan	September 2011	Rose Case	Rebecca Barson	Sharon Davies		G
5	Initial Assessment and Core assessment forms to be reviewed to ensure that child's views are given more prominence on the forms and information is requested earlier in forms than towards the end	September 2011	Linda McCrum	Rebecca Barson	Sharon Davies		A

Risks

	Description of risk for each objective, including financial pressures (number on left links to objective above)	Impact 1 – 4*	Likelihood 1 – 4*	Total Score	Comment/mitigation
1	Management are unclear of expectations relating to explicit recording of the child's voice and all children to be seen as part of the assessment and planning process	1	2	2	All managers across R&A are clear that assessments cannot be authorised without sufficient reference to the child or young persons voice being clearly recorded.
2					

* Key Impact 1 insignificant, 2 minor, 3 moderate and 4 significant. Likelihood 1 rare, 2 unlikely, 3 possible and 4 almost certain.

7. Newly Qualified Social Workers

How will we know that we have been successful?

	Owner	Success indicator/targets with dates					RAG
		(number on left links to objective above)					
		Baseline	2011/12	2012/13	2013/14	2014/15	
1	Rose Case	All NQSW's are supported in their first year of practice in line with CWDC requirements	100%				G

	Priority actions (number on left links to objective above)	Completion Date	Who is responsible for leading within which agency?	Who is responsible for monitoring + how? (Officer and group)	Who is responsible for evaluating + how? (Officer and group)	Links to other strategic plans where further detail is available (name of plan)	RAG
1	All NQSW's have a reduced caseload of 90% to take account of the requirement that they engage with Wilts NQSW programme	Starting July 2011	Janet Wilson	Rebecca Barson	Sharon Davies		G
2	All NQSW's will receive fortnightly supervision and external supervision with the NQSW programme co-ordinator along with linking in with the NQSW programme.	July 2011	Rose Case	Rebecca Barson	Sharon Davies		G
3	NQSW's will not be allocated and responsible for cases of a child protection nature without appropriate joint investigation training. NQSW's will not lead and JI's without JI training and shadowing more experienced staff. Their readiness to work in the arena of child protection will be assessed and agreed with their supervisor in supervision.	July 2011	Rose case	Rebecca Barson	Sharon Davies		G

Risks

	Description of risk for each objective, including financial pressures (number on left links to objective above)	Impact 1 – 4*	Likelihood 1 – 4*	Total Score	Comment/mitigation
1	NQSW's do not receive adequate support	1	1	1	Management team is committed to supporting staff in their first year of practice and Wiltshire has a strong commitment and programme in place to support them. Dedicated half time training and development officer is in post with the NQSW & EPD specific support brief.

* Key Impact 1 insignificant, 2 minor, 3 moderate and 4 significant. Likelihood 1 rare, 2 unlikely, 3 possible and 4 almost certain.

8. Ethnicity & Diversity

How will we know that we have been successful?

	Owner	Success indicator/targets with dates (number on left links to objective above)					RAG
		Baseline	2011/12	2012/13	2013/14	2014/15	
		1	Rose Case	All assessments explicitly evidence equality and diversity issues	100% evidenced through audit		

	Priority actions (number on left links to objective above)	Completion Date	Who is responsible for leading within which agency?	Who is responsible for monitoring + how? (Officer and group)	Who is responsible for evaluating + how? (Officer and group)	Links to other strategic plans where further detail is available (name of plan)	RAG
1	All assessments to explicitly reference equality & diversity issues as they relate to the child, young person and their family. Managers must not authorise assessments without ensuring that this is included with the assessment	August 2011	Rose Case	Rebecca Barson	Sharon Davies		A
2	All Social Workers and managers must complete the online E&D training along with the in house training focussing specifically on how E&D issues impact upon practice	December 2011	Rose Case	Rebecca Barson	Sharon Davies		A
3	Ongoing programme of reflective case audits will monitor E&D issues and feed this into the Audit Action group	September 2011	Rebecca Barson	Sharon Davies	Carolyn Godfrey		A
4	E&D issues to be discussed on every team meeting agenda	September 2011	Rose Case	Rebecca Barson	Sharon Davies		A
5	Annual report to be presented to the Social Care Improvement Board updating on findings of the reflective audits which will include ethnicity and diversity issues.	October 2011	Sarah Webb	Ceri Burton , Audit Action group	Carolyn Godfrey, Social Care Improvement Board		A

Risks

	Description of risk for each objective, including financial pressures (number on left links to objective above)	Impact 1 – 4*	Likelihood 1 – 4*	Total Score	Comment/mitigation
1	Poor understanding of the need to incorporate E&D issues throughout the assessment process	2	3	6	Managers committed to improving practice in this area and keeping high on the team agenda. Assessments not including this key information will be returned to Social Workers for inclusion of the relevant information
2	Social Workers are not confident and do not reflect ethnicity and diversity issues clearly in their written work.	3	3	9	Training in place including online E&D training along with specific training for Social Workers on how to integrate E&D issues into practice.

* Key Impact 1 insignificant, 2 minor, 3 moderate and 4 significant. Likelihood 1 rare, 2 unlikely, 3 possible and 4 almost certain

9. Multi agency Child Protection trained staff

How will we know that we have been successful?

	Owner	Success indicator/targets with dates (number on left links to objective above)				RAG	
		Baseline	2011/12	2012/13	2013/14		2014/15
1	Sarah Webb	All police officers involved in out of hours child protection work are trained					G

	Priority actions (number on left links to objective above)	Completion Date	Who is responsible for leading within which agency?	Who is responsible for monitoring + how? (Officer and group)	Who is responsible for evaluating + how? (Officer and group)	Links to other strategic plans where further detail is available (name of plan)	RAG
1	Police to facilitate their 24/7 rapid response supervisors wider on call responsibility for all Child Abuse investigation Team (CAIT) matters.	July 2011	James Vaughan, Wiltshire Police	Carolyn Godfrey			G
2							

Risks

	Description of risk for each objective, including financial pressures (number on left links to objective above)	Impact 1 – 4*	Likelihood 1 – 4*	Total Score	Comment/mitigation
1	Insufficient sign up for need for CP training	2	2	4	Police have programme in place for training appropriate Police officers who may be called upon to undertake CP investigations out of hours

* Key Impact 1 insignificant, 2 minor, 3 moderate and 4 significant. Likelihood 1 rare, 2 unlikely, 3 possible and 4 almost certain.

Key Named officers in the plan

Rose Case – Team Manager Referral & Assessment Service

Rebecca Barson – Head of Service Operations/Community Safeguarding North & East (Lead for R&A services)

Sharon Davies – Service Director Children & Families and Integrated Youth Services

Julia Cramp – Service Director Commissioning

Carolyn Godfrey – Director Children's Services

Sarah Webb – Head of Strategic Safeguarding

Janet Wilson – NQSW programme co-ordinator

Linda McCrum - Carefirst Development Officer

Ceri Burton- IRO Manager

Sue Miluk, -PA to Service Director Children & Families

James Vaughan- DC Superintendent, Head of Protective Services