

**Catherine Doran
Corporate Director
Children and Families**

Children and Families Improvement Plan

This document describes the planned actions to improve services to children in Harrow. The driver for the changes required is the recent Safeguarding and Looked After Children Inspection and the recommendations that have been made as a result. There are other key inspection improvement plans that are also important to progress such as the Youth Offending Service Improvement Plan that also requires a multi agency response. This plan outlines immediate as well as longer-term actions that are required irrespective of various ongoing external and internal challenges. Partners across a range of agencies including Health, Education, Police and Probation will be actively involved in its achievement.

Governance Arrangements

An Improvement Board was established in June 2012 to support rapid and sustainable improvement of services that safeguard children. Its key roles are to agree, monitor and report progress on the actions in the Improvement Plan.

The Improvement Plan will be presented to the Overview and Scrutiny Committee and regular progress reports will be provided to the LSCB.

The terms of reference for the Improvement Board are set out in Appendix 1.

Overall Context

Harrow received a Safeguarding and Looked After Children Inspection in May 2012, which found that safeguarding and looked after children arrangements were Adequate overall.

This Improvement Plan will deliver sustained improvement across all of children's services leading to improved outcomes for children and young people in Harrow.

The strategy for improvement will focus on tackling those areas of greatest risk first and laying the foundations for more effective practice.

Despite the inspection judgement of Adequate (including some significant areas of concern) there are many commendable aspects of the service currently in place to support vulnerable children.

Ofsted Recommendations - Safeguarding

The following recommendations were made for the Local Authority and its partners for Safeguarding:

Immediately:

- Ensure processes and thresholds for considering and if necessary instigating legal action are timely, efficient and clearly understood by all key staff
- The local council, NHS Harrow and North West London Hospital NHS Trust should ensure that where there are pre-birth safeguarding concerns identified and early delivery is indicated that multi-agency planning is initiated before 34 weeks.

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Within three months:

- NHS Harrow to ensure there is appropriate engagement and participation of health services in the children's access service
- Ensure that assessments focus on the experience of the child and are sufficiently analytical, so that they clearly identify and analyse risk, needs and protective factors
- Ensure all child protection plans are outcome focused, clearly setting out the changes necessary and how these will be supported and evaluated and include appropriate contingency planning
- Ensure child protection reviews offer robust, constructive and effective challenge
- Ensure supervision processes provide sufficient reflection and challenge
- Agree priorities for the work of the LSCB and an associated programme of work and business plan to deliver these
- NHS Harrow should ensure that general practitioners (GPs), dentists and all appropriate health practitioners are fully engaged in safeguarding arrangements and have regular developmental opportunities for practice reflection and learning and the LSCB should monitor progress in this area
- NHS Harrow, public health and the LSCB should ensure that an effective model for the rapid response service is developed and that the child death overview panel (CDOP) communicates with frontline services to best effect.

Within six months:

- Ensure children with child protection plans have greater consistency and continuity of social worker.

Ofsted Recommendations – Looked After Children

The following recommendations were made for the Local Authority and its partners for Looked After Children:

Immediately:

- Ensure relevant local authority staff and managers have a clear understanding of care thresholds and legal planning processes and cases are effectively monitored to avoid unnecessary delays in children receiving looked after services when these are required
- The local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that all looked after children have access to timely, comprehensive health assessments leading to quality assured health care
- The local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that looked after children and care leavers are fully engaged in the development and delivery of the Being Healthy agenda.

Within three months:

- Ensure supervision processes provide sufficient reflection and challenge

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- Ensure all social workers and managers have a clear, appropriate and evaluated individual development plan linking casework and management skills and performance to development activity
- The local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that the provision of healthcare to looked after children is subject to an effective whole system approach and performance management framework
- Ensure feedback and intelligence from child protection chairs and independent review officers is collated, analysed and used to inform service delivery
- Ensure an effective strategy is in place to reduce the risk of looked after children and young people offending
- Strengthen processes for monitoring progress against the commitments in Harrow Children's Pledge.

Within six months:

- Reduce the number of changes of social worker experienced by looked after children
- Analyse the reasons for short-term placement instability and implement a plan to improve performance.

Resource Implications

Each partner agency will need consider the resource implications for implementing the improvements set out in the plan.

Our Leadership Style to Secure the Improvements

Members and Officers are determined to deliver rapid, visible and sustainable improvement to our children's services. Our approach will be steered by the following characteristics:

- **A sense of urgency** – we know that the current situation is unacceptable and we will not rest until services for children are safe
- **Connection to the Front-Line** - listening, understanding, supporting and taking action to assist front-line staff to do a good job
- **An unremitting focus on what is important** - fixing the most important things first
- **Management grip** - driven by strong performance management and tackling problems as they arise in an ongoing way
- **Intolerance of the unacceptable behaviours** - the first step of our improvement journey will be to eradicate unacceptable practice and unacceptable behaviours
- **Complete transparency** - we will produce information that allows elected members, partners, government and the public to understand our progress. Creating a culture of openness to encourage staff to raise concerns/issues

Appendix 1 Improvement Board - Terms of Reference

1.	Accountable to:	Portfolio Lead Member Leader of the Council Harrow Local Safeguarding Children Board Corporate Strategic Board NHS Harrow Board Harrow Chief Executives
2.	Governance	An Improvement Board was established in June 2012 to support rapid and sustainable improvement of services that safeguard children. Its key roles are to agree, monitor and report progress on the actions in the Safeguarding and Looked After Children Improvement Plan. This will include monitoring the targets set out in the plan and checking that improvements are embedded through quality assurance and scrutiny.
3.	Purpose of group	
	<ol style="list-style-type: none"> 1. Implement the recommendations from the Safeguarding and Looked After Children Inspection and ensure that staff and managers are aware of the overall governance, lines of accountability and specific roles of each in driving forward improvement 2. Ensure the vision for the service is implemented across children's services, and that partners and all staff have a clear understanding of the ambition and vision for the Council and how they contribute to the overall improvement 3. Establish a strong safeguarding leadership team with clear and effective line of accountabilities to ensure an effective delivery of children's services 4. Put in place scrutiny arrangements to allow Members and the Local Safeguarding Children Board, to scrutinise and challenge social care practice once the necessary improvements have been made 5. Maintain a robust database of the evidence from completed actions from the Safeguarding and Looked After Improvement Plan and other relevant inspection action plans, such as the Youth Offending Improvement Plan. 	
4.	Key Principles	
	Members and Officers are determined to deliver rapid, visible and sustainable improvement to our children's services. Our approach will be steered by the following principles: <ul style="list-style-type: none"> • A sense of urgency – we know that the current situation is unacceptable and we will not rest until services for children are safe • Connection to the front-line - listening, understanding, supporting and taking action to assist front-line staff to do a good job • An unremitting focus on what is important - fixing the most important things first • Management grip - driven by strong performance management and tackling problems as they arise in an ongoing way • Intolerance of the unacceptable behaviours - the first step of our improvement journey will be to eradicate unacceptable practice and unacceptable behaviours • Complete transparency - we will produce information that allows elected members and partners to understand our progress. Creating a culture of openness to encourage staff to 	

	raise concerns/issues	
5.	Membership	
	<p>The Board will meet monthly and its membership will include:</p> <ul style="list-style-type: none"> • Catherine Doran, Director of Children's Services and Chair of the Board • Javina Seghal, Borough Director, NHS Harrow • Deborah Lightfoot, Independent Chair of Harrow Safeguarding Children Board • Kamini Rambellas, Interim Divisional Director Targeted Services • Catherine Knights, Associate Director of Operations • DCI Craig McKinlay, Harrow Borough Police • Marcia Whyte, Assistant Chief Officer, London Probation Trust • Genevieve Small, Harrow Clinical Commissioning Group • Paulette Lewis, Interim Assistant Director of Community Nursing, Integrated Care Organisation • Carole Flowers, Director of Nursing, North West London Hospitals NHS Trust • Jayne Adams Divisional General Manager, North West London Hospitals NHS Trust • Sarah Wilson, Principal Lawyer (Litigation and Education) Legal & Governance Services Department • Sue Dixon, Designated Nurse for Safeguarding, NHS Harrow • Rebecca Wellburn Deputy Borough Director, NHS Harrow • Leora Cruddas, Divisional Director, Quality Assurance Commissioning and Schools • <i>Schools (representative to be confirmed)</i> <ul style="list-style-type: none"> • David Harrington, Service Manager Performance Management – Performance support to the Board • Edward Smith, Quality Assurance Officer and Project Support to the Board <p>The Board's work will also be reporting to:</p> <ul style="list-style-type: none"> • Harrow Chief Executives Meeting + non-standing members from other orgs. • Corporate Strategic Board • Harrow Safeguarding Children Board • Elected Members of Harrow Council • NHS Harrow Board 	
6.	Chair	Catherine Doran
7.	Key Documents	<p>Children's Services Improvement Plan</p> <p>Inspection Evidence Tracker</p> <p>Project Plans</p>

Index

Based on the Improvement Plan actions, an index will be developed of what constitutes the following changes:

- A change in policy or a new policy
- A change in guidance or new guidance
- Quality improvements
- Changes to the workforce planning and learning and development

**Children and Families Improvement Board
Improvement Development Plan**

Key: Lead Officers

- | | | | |
|--|------------------|--|-------------|
| • Divisional Director Targeted Services | DD TS | • Youth Offending Team Manager | YOT Mgr |
| • Service Manager Performance | SM Perf. | • Director of Public Health, NHS Harrow | DPH |
| • SM Child Protection | SM CP | • Performance Manager | Perf. Mgr |
| • SM Early Intervention | SM EI | • Snr. Lawyer, Social Care | Law. |
| • SM Quality Assurance | SM QA | • Director of Children & Families Services | DCS |
| • LSCB Snr. Professional | LSCB SP | • Independent Chair LSCB | LSCB Chr. |
| • SM Placements | SM Place. | • Deputy Borough Director, NHS Harrow | NHSH (DBD) |
| • Service Manager Children Looked After | SM CLA | • Borough Director, NHS Harrow | NHSH (BD) |
| • Designated Nurse (NHS Harrow) | Des Nurse | • General Manager, Harrow (ICO Ealing) | ICO G. Mgr |
| • Division Director Children With Disabilities | DD CWD | • LSCB Operational Subgroup | LSCB Op. SG |
| • DD Early Intervention | DD EI | • LSCB Learning & Development Sub group | LSCB L&D SG |
| • Quality Assurance Manager | QA Mgr. | • Clinical Director, Harrow CCG | CCG |
| • Designated Doctor for LAC (NWLHT) | Des. Dr. (NWLHT) | • Divisional General Manager, NWLHT | NWLHT (GM) |
| • Designated Doctor (NHS Harrow) | Des. Dr. (NHSH) | • Acting Head of Midwifery, NWLH | Midwife |
| • Snr. Business Partner (Business Partnership) | HR | • Lead Nurse for LAC, Ealing ICO | LAC Nurse |

Part 1 – Inspection Recommendations

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT					
Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
SAFEGUARDING					

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
Immediate (S1) Ensure processes and thresholds for considering and if necessary instigating legal action are timely, efficient and clearly understood by all key staff	Children at risk, where the threshold for legal intervention is met, have a robust plan in place that minimises the risk and keeps children safe	Law/ DD TS	MUST DO (1) Review Children & Families' Services (C&F) process for initiating a Legal Planning Meeting (LPM) and implement a revised LPM protocol to ensure effective and timely legal intervention.	5.10.12	(1) On track: LPM legal advice memo being redrafted to ensure advice is easy to follow and consistent. To be finalised by 5 th Oct. Lawyers reminded of need to critically challenge evidence and advise on additional information/steps required. Sample review of LPM memos since May 2012 indicates this is being done. Performance data from legal services indicates sustained increase in number of LPM requests from May 2012.
		Law/ DD TS	(2) Disseminate the LPM Protocol to social work staff, managers and the legal team with workshops to ensure all staff are clear about thresholds for legal intervention.	31.10.12	(2) Will follow completion of (1) (Also: training delivered to social care staff 19 July covering PLO and introduction to legal proceedings, including session on threshold for legal intervention)
		Perf. Mgr / Lawyer	(3) Legal team has access to FWI and they are able to navigate FWI appropriately.	27.9.12	(3) Held: Access and training is being timetabled to coincide with legal services transfer to new case management system due in Autumn 2012.
		DD TS/ SM QA	(4) Ensure the Child Protection Chairs' views on threshold are captured and considered at LPMs.	27.9.12	(4) Completed: Communication to social care and legal staff on 30 Aug reminding of need to consider CP Chair's views. CP chair's record from latest CP conference is included in information provided in advance of LPM. Audit will follow in due course.
		DD TS / SM EI.	EMBEDDING (5) Review the current provision for specialist parenting assessments and develop a model that will include the use of PAMS assessment.	31.12.12	(5) Underway
		LSCB SP	(6) Develop multi agency threshold document that is agreed and adopted by the LSCB. The threshold will include a protocol for step up / step down approach (linked with threshold for intervention)	31.12.12	(6) Underway: This will be discussed at the LSCB Executive Board on 20 th September to plan threshold agreement process.
		LSCB SP / LSCB Op. SG	(7) Review "Failsafe" to ensure external agencies can challenge decisions on not proceeding with legal intervention.	20.9.12	(7) Awaiting sign-off: Revised "Failsafe" procedure presented at LSCB Operational Group 11/9 – small amendments agreed – soon to be signed off.
		LSCB SP / LSCB L&D SG	(8) The multi agency threshold document and "Failsafe" is embedded within LSCB Level 2 Safeguarding Training	31.3.13	(8) Awaiting completion of 6 & 7 (Children Services threshold document is in place.)

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
		DCS DD TS/ SM Place. / SM CLA DD TS	(9) Write to all LSCB members to remind them of their responsibilities to ensure their organisation raises issues of concern if they are unhappy with decisions. (10) Develop an access of care service, which will include an Edge of Care policy. (11) Meeting between legal and targeted services to review training programme delivered by legal staff, including statement writing, threshold for legal proceedings, case law update and best practice examples.	30.9.12 31.12.12 31.12.12	(9) Being drafted (10) Underway (11) Meeting arranged for 25 th September to review current training plan delivered by legal services
Immediate (S2) The local council, NHS Harrow and North West London Hospital NHS Trust should ensure that where there are pre-birth safeguarding concerns identified and early delivery is indicated that multi-agency planning is initiated before 34 weeks	Timely pre-birth planning.	LSCB SP / Des. Nurse LSCB SP/ DD TS/ NWLHT (GM) Midwife Des. Nurse/ DD TS Midwife DCS	MUST DO (1) Revise multi-agency pre-birth protocol (2) Review hospital midwifery and social work processes relating to pre-birth planning (3) NWLHT to ensure all midwives are aware of policy and process and have appropriate monitoring in place. (4) Regular meetings to take place between social care and hospital staff to identify discuss & progress cases of concern. (5) NWLHT to ensure midwife representation at all fortnightly liaison meetings with social care. EMBEDDING (6) Establish a post of Senior Practitioner to lead this area for local authority	27.9.12. 27.9.12 30.9.12 27.9.12. 30.9.12 31.8.12	(1) Awaiting sign-off: LSCB 'Policy and Protocols subgroup' prepared & consulted on. Signed off by LSCB Operational Group; LSCB Executive Board sign-off on 20.09.12. (2) Completed (3) On track: Named midwife/ specialist safeguarding midwife to alert staff at supervision sessions. Protocol to be emailed out to midwifery managers in anti-natal wards and community areas following completion of (1). Training session on 16 th Oct for update. Safeguarding Midwife to monitor pre-birth conferences (4) Completed: is multi-agency attendance at fortnightly maternity meetings and alternating pro-social meetings, which review and seek to support all vulnerable women identified in pregnancy. (5) Completed: Safeguarding midwife chairs this meeting and attendance of all members will be monitor by her. (6) Completed: Secondment is in place & a bid has been put into the Medium Term Financial Plan to secure a longer-term post/ arrangement.
			MUST DO		

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
<p>Within 3 months</p> <p>(S3) NHS Harrow to ensure there is appropriate engagement and participation of health services in the children's access service</p>	<p>An effective integrated front door for children in need which ensures that information is shared appropriately between professionals to inform decision-making on children.</p>	LSCB Chair.	(1) MASH Executive Board to meet to consider the roles and responsibilities of all agencies to inform the overall shape of the Children's Access Service.	27.9.12	(1) Completed: MASH Executive Board took place 11 th September. Further meeting planned for Oct to look at further strategic issues
		LSCB Chair	(2) Develop TOR for newly established children's access team executive board	31/10/12	(2) Underway: TOR are being developed for October meeting.
		NHSH (BD)	(3) Health to engage in discussion of TOR for children's access team executive board to ensure these support strategic health engagement in the development of the service	18/09/12	(3) Ongoing: participated in initial discussions, awaiting draft TOR for further input.
		NHSH (DBD)/ Des. Nurse/ Des. Dr. (NHSH)	(4) Health leads to 'Shadow' children's access team to understand existing service and potential for health role	21.9.12	(4) Ongoing: Des. Nurse arranging date.
		LSCB Chair	(5) LSCB to undertake a 'MASH Evaluation' to assist decision-making to inform the overall shape of the Children's Access Service.	11.9.12	(5) Completed: on 11 th Sept. In addition, the Met Police will be undertaking a multi-area review.
		Des. Nurse/ NHSH (DBD)/ Des. Dr. (NHSH)	(6) Continue to work with NHS London to identify and embed an appropriate role for health within the 'MASH' pilot	31.10.12	(6) NHS London role description provided to NHS Harrow and being considered on 11 th September. To be reviewed by Designated Professionals/RW.
		NHSH (DBD)/ DD TS/ Des. Nurse/ Des. Dr. (NHSH)	(7) Finalise roles description for CAT/ MASH health professional	30.11.12	(7) On track: Des Nurse to review JD after visiting MASH
<p>Within 3 months</p> <p>(S4) Ensure that assessments focus on the experience of the child and are sufficiently analytical, so that they clearly identify and analyse risk, needs and protective factors.</p>	<p>Improved quality of assessments of risk and protective factors leading to Health and Social Care working together to ensure the needs of vulnerable children are met – no child falls through the gaps.</p>	DCS	<p>MUST DO</p> <p>(1) Practice directive to be provided to Team Managers to ensure that the work required in respect of risk assessment and report writing are completed before all assessments, reviews and reports are signed off</p> <p>EMBEDDING</p> <p>(2) Reflective practice co-ordinators to provide team consultation sessions on the assessment of complex cases and offer exemplars of good practice</p> <p>3) The introduction of regular case forum discussions in conjunction with Morning Lane Associates, using Signs of Safety principles in</p>	17.9.12	<p>(1) Interim Divisional Director for Targeted Services is drafting a directive to be circulated by the Director.</p> <p>(2) Completed: Morning Lane Associates contracted to do this on interim basis & also attending team meetings. The Specification for the tendering of the Systematic Clinical Support Service is currently being completed.</p> <p>(3) Completed: Morning Lane Associates contracted to do this on interim basis and also attending team meetings.</p>
		DD TS/ DD DWD/ DD EI		31.8.12	
		SM CP		31.8.12	

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
		SM QA	Assessments. (4) Risk assessment training to be commissioned for social workers and managers	31.12.12	(4) Morning Lane Associates have been commissioned to provide programmes on systemic intervention at three levels; the programme for managers will incorporate understanding risk assessment.
		DD TS/ DD DWD/ DD EI	(5) Single Assessment Tool developed, informed by practitioner experience	31.12.12	(5) Medium Term Financial Plan bid submitted (with Adult Social Care) to develop the Mosaic system. This is a London wide network project
		LSCB SP	(6) LSCB Multi agency risk assessment training to be commissioned	31.12.12	(6) LSCB QA subgroup has incorporated in its work plan for spring 2013 to look at the theme of assessment; looking at quality, timeliness & analysis across all agencies.
Within 3 months (S5) Ensure all child protection plans are outcome focused, clearly setting out the changes necessary and how these will be supported and evaluated and include appropriate contingency planning	Making child protection plans meaningful and focused so that parents make the changes needed to become better parents	SM QA	MUST DO (1) Child Protection Chairs to receive a programme of reflective practice coaching and mentoring using observation and modelling of live cases. EMBEDDING	31.7.12	(1) Completed: 2 CP Chairs in post at the time worked with a coach for 3 days. Observed practice, offered time to be reflective, provided materials on how to make plans more outcome-focused. Will be built on by the implementation of Strengthening Families (SF). There are now 3.5 FTE Conference Chairs in place.
		QA Mgr.	(2) Review the current child protection planning documents as part of the implementation of the SF model.	31.10.12	(2-3) A Strengthening Families project board has been established and met on 3 occasions. Meeting fortnightly. To date:
		QA Mgr.	(3) Strengthening Families Model, incorporating the Signs of Safety principles to be developed for child protection conferences. <ul style="list-style-type: none"> A new conference model increasing children's participation New assessment tools to be implemented that will provide analysis of risk Training on risk assessment delivered Workshops provided to raise awareness of the new model 	31.10.12	<ul style="list-style-type: none"> Draft documents have already been consulted on. An interactive whiteboard is in the process of being purchased. Training is being organised Chairs have arranged to observe practice in other boroughs Barnardo's have agreed to deliver a presentation in September focusing on child participation at conferences
		SM QA	(4) Proposal to be put forward about strengthening the role of the CP Chair / IRO's to frontline.	31.7.12	(4) A proposal was sent to Targeted Services in July – discussions are underway. To be signed off by the LSCB by 20 th September.
Within 3 months	CP Chairs provide analysis		MUST DO		

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
(S6) Ensure child protection reviews offer robust, constructive and effective challenge	and challenge at Conferences and escalate concerns when appropriate e.g. drift	QA Mgr. SM QA LSCB SP	(1) Child protection escalation policy to be written and implemented. (2) A protocol for reviewing children subject to child protection plans for longer than 1year is developed and being embedded by the 31 October. EMBEDDING (3) The LSCB Level 2 Safeguarding Training includes a section that will raise awareness of the responsibility of professionals to challenge decisions made at CP conferences that they are not in agreement with.	27.9.12 31.10.12 31.12.12	(1) On track: Draft protocol will be sent out for consultation to operational managers on 17 th Sept. (2) Completed: This has been developed and signed off by CSMT. The first panel will take place in October. (3) Ongoing
Within 3 months (S7) Ensure supervision processes provide sufficient reflection and challenge	Supervision records clearly evidence analysis of children's safety and well-being and the intervention required to minimise risk and keep children safe. Protected time for Supervision is embedded within the children's workforce culture that allows time for practitioners to be reflective about their work with children, their interventions and how to improve outcomes for children	SM QA SM QA Imp. Board members SM QA DD TS	MUST DO (1) Review and implement Children's Services supervision policy; incorporating good practice, guidance and tools for use (2) C&F Commission training on the new supervision policy and requirements of managers and practitioners EMBEDDING (3) All agencies to review their own supervision policy with updates to follow (4) Undertake a follow up audit of supervision practice to assess how far the changes are embedded (5) Roll out Systemic EI and SW support service to encourage reflective practice and supervision	31.12.12 27.9.12 31.12.12 31.3.13 31.8.12	(1) On track: other borough guidance researched, policy drafted, will be discussed with staff, amended and signed-off. (2) Completed: Morning Lane Level 2 training programme has already been commissioned and will incorporate supervision (3) Section 11 audits to be used to monitor the delivery of supervision in all LSCB agencies. (4) Held: Will follow completion of 1 & 2 (5) Morning Lane have been commissioned and now individual staff are linked to teams Children services 'systemic' Quality Assurance reviews across all teams are being undertaken.
Within 3 months (S8) Agree priorities for the work of the LSCB and an associated programme of work and business plan to deliver these	The LSCB has a work plan that provides challenge to partner agencies to change practice and is able to demonstrate how outcomes for children have improved	LSCB SP	MUST DO (1) Review the LSCB Business Plan to strengthen its focus on core child protection business EMBEDDING	20.9.12	(1) Awaiting sign-off: Signed off by the LSCB Operational Group; to be signed off on 20 th Sept. (2) Subgroups will develop their own work

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT					
Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
		LSCB SP	(2) All sub groups and task and finish groups to have explicit work programmes in place that are aligned to the LSCB Business Plan priorities	27.9.12	programmes in line with Business Plan. Independent Chair has arranged to meet all subgroup chairs by the 14 th September.
		LSCB SP / SM Perf.	(3) Agree a revised multi-agency performance data set for the LSCB	20.9.12	Preliminary discussions underway. Review meeting 6 th Sept with proposal to be signed off at Executive Board on 20 th Sept. Will be based upon: <ul style="list-style-type: none"> DfE guidelines Local indicators (incl. those relevant to this plan e.g. initial health checks in 28 days)
Within 3 months (S9) NHS Harrow should ensure that general practitioners (GPs), dentists and all appropriate health practitioners are fully engaged in safeguarding arrangements and have regular developmental opportunities for practice reflection and learning and the LSCB should monitor progress in this area	Independent Health Contractors to have knowledge of and participate in independent development opportunities, with monitoring by LSCB	Des. Nurse/ Des. Dr. (NHSH)	MUST DO (1) Share safeguarding children directory with all independent contractors	30/09/12	(1) On track: Sent to all GPs end 2011. Des Nurse to review contact details and send to other independent contractors.
		LSCB SP	(2) The LSCB to send out a communication about the role of the LSCB to all relevant organisations to include information about how to access LSCB training programme.	5.9.12	(2) Completed: Drafted & sent following discussion by Des Nurse, Des Dr. (NHSH) & LSCB Chr.
		NHSH (BD)/ LSCB Chr.	(3) LSCB/NHS Harrow to write jointly to dentists outline safeguarding responsibilities and identify leads to support improved communication and raise awareness of LSCB	15/08/12	(3) Completed: LSCB CHR. & NHSH (BD) have sent a letter to dental commissioners.
		LSCB SP/ NHSH (DBD)	(4) LSCB and NHS Harrow to prepare and appropriately circulate expectations for training and development.	31.10.12	(4) Ongoing: LSCB CHR and DPH to meet on 3 rd October.
		NHSH (DBD)/ Des. Dr (NHSH)/ CCG	(5) Regular training provision and attendance updates to be provided to LSCB Training sub-group.	08/10/12	(5) Completed: updates are now provided on an ongoing basis.
		Des. Nurse/ Des. Dr. (NHSH)	(6) Provide a summary (to LSCB training sub-group) of Training issues identified through RCGP audit to inform future training programme.	30/11/12	(6) On track: final audits being completed will be analysed, summary to be provided at October meeting.
		LSCB Chr./ NHSH (BD)/ NHSH (DBD)	(7) Send letter seeking clarification on the future role of the CCG in respect of responsibilities for independent providers	30/09/12	(7) On track: letter being composed by LSCB SP
Within 6 months (S10) NHS Harrow, public health and the LSCB should	Effective rapid response model & (CDOP) communicates effectively	LSCB CHR.	MUST DO (1) Convene group to review rapid response	30.9.12	(1) Review chaired by LSCB CHR. Underway. Draft ToR for review of CDOPs and RR have been written and are being reviewed by Senior Managers. Series

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT					
Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
ensure that an effective model for the rapid response service is developed and that the child death overview panel (CDOP) communicates with frontline services to best effect.	with frontline services	DPH/ Des. Dr. (NHSH) NHSH (DBD) DPH / LSCB SP	and CDOP arrangements (2) Implement recommendations from review to improve shared learning (3) Commission new rapid response service from 01/01/12 EMBEDDING (4) Monitored through CDOPs annual report (May 2013) to the LSCB and SCR subgroup (monthly).	30/11/12 01/01/13 Ongoing to May 2013	of Review meetings have been scheduled and will be completed by 27 th October 2012. (2) See (1) above. To be monitored in CDOP Annual Report (3) See (1) above (4) See (1) above
Within 6 months (S11) Ensure children with child protection plans have greater consistency and continuity of social worker	Greater consistency and stability for children	DD TS DD TS DD TS	MUST DO (1) Review transfer protocols and points of transfer across the New Operating Model. (2) Review of C&F staff turnover and salaries to ensure Harrow is competitive. EMBEDDING (3) Produce a report with outcome of analysis and recommendations for action with clear implementation plan to reduce the number of changes of social workers	31.12.12 31.12.12 31.12.12	(1) Following review, 'Transfer Meetings' will recommence on 12 th Sept in a re-invigorated form & a draft transfer protocol has been produced. (2) A comprehensive analysis has been completed and reported to Director of Children's Services. (3) Report will go to Chief Exec, portfolio holder and leader stating that social work salaries are not competitive with North West London. A proposal is being put forward to the Medium Term Financial Plan to change this to reduce turnover and ensure stability and experience. Developing the role of advanced practitioners is being considered to be put in place in present posts as part of the post-Monroe exercise.
LOOKED AFTER CHILDREN					
Immediate (LAC1) Ensure relevant local authority staff and managers have a clear understanding of care thresholds and legal planning processes and cases are effectively monitored to avoid unnecessary delays in children receiving looked after services when these		DD TS / SM CLA	MUST DO (1) Review Children & Families' Services (C&F) process for initiating a Legal Planning Meeting (LPM) and implement a revised LPM protocol to ensure effective and timely legal intervention.	5.10.12	(1) On track: LPM legal advice memo being redrafted to ensure advice is easy to follow and consistent. To be finalised by 5 th Oct. Lawyers reminded of need to critically challenge evidence and advise on additional information/steps required. Sample review of LPM memos since May 2012 indicates this is being done. Performance data from legal services indicates sustained increase in number of LPM requests from

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Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
are required		DD TS DD TS / SM QA SM QA DD TS / SM Place. / SM CLA SM Place. QA Mgr. QA Mgr. QA Mgr.	(2) Disseminate the LPM Protocol to social work staff, managers and the legal team with workshops to ensure all staff are clear about thresholds for legal intervention. (3) The Independent Reviewing Officers to be consulted and informed when there are proposals to change the care plan (4) Resolution Protocol for LAC revised and implemented that will offer robust challenge if there are concerns about threshold of intervention. EMBEDDING (5) Develop an access of care service, which will include an Edge of Care policy. (6) Review Permanency Tracking Panel purpose; terms of reference to be refreshed which emphasises the need to scrutinise cases on the edge of care, case under the PLO and cases in legal proceedings (7) Annual report of the IRO service to address the impact of this Improvement Plan (8) Implement the IRO action plan (9) Workshops with front line staff about the role of IRO's in relation to challenging practice and monitoring plans	31.10.12 27.9.12 27.9.12 31.12.12 27.9.12 1.4.13 27.9.12 27.9.12	May 2012. (2) Will follow completion of (1) (Also: training delivered to social care staff 19 July covering PLO and introduction to legal proceedings, including session on threshold for legal intervention) (3) Completed: Communication to social care and legal staff on 30 August confirming need to IRO to be consulted and informed of proposals to change the care plan. Audit activity will follow in due course. (4) Completed: Resolution protocol has been reviewed, consulted on, amended, signed off. Changes have been made to framework i – now fully implemented. (5) Ongoing (6) Review underway-will be completed on deadline (7) To be incorporated by end of year. (8) The IRO Action plan is being implemented and regularly reviewed at team meetings (9) IRO's have specific links with teams and have attended Team Meetings to discuss the Resolution Protocol
Immediate (LAC2) The local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that looked after children and care leavers are fully engaged in the development	Young people are fully engaged in leading the being healthy agenda	Des. Nurse/ SM CLA/ Des. Dr. (NWLHT) Des. Nurse/ SM CLA	MUST DO (1) Raise awareness of young people consenting for their health assessments through targeted training with health care professionals and social care staff (2) Update Corporate Parenting Panel on health engagement & feedback re. looked after children and care leavers.	5/10/12 29/10/12	(1) On track: This will be covered in training session arranged for health and social care in September (2) On track: Update to be provided at meeting on 29/10/12

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Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
and delivery of the Being Healthy agenda		<p>Des. Nurse/ Des. Dr. (NWLHT) SM QA</p> <p>SM CLA/ Des. Nurse</p> <p>DD TS</p> <p>Des. Nurse/ SM CLA</p> <p>SM CLA</p>	<p>(3) Start health passport pilot with current care leavers following consultation and engagement with LAC and Care Leavers</p> <p>(4) Establish Forum for CLA Nurse to talk to CLA and young people leaving care regarding health needs and reflect on impact</p> <p>(6) Re-commission targeted Morning Lane Associates to provide interim systemic social work support service to social workers in addressing mental health needs of CLA & care leavers</p> <p>EMBEDDING</p> <p>(7) Review and raise awareness for access to health advice and support for CLA and young people leaving care</p> <p>(8) CLA Life Chances Forum to implement Access to leisure strategy for CLA and Care leavers</p>	<p>02/01/13</p> <p>26.9.12</p> <p>20.8.12</p> <p>27.9.12</p> <p>31.12.12</p>	<p>(3) On track: Des Nurse to meet local authority officers to discuss engagement & start gathering examples of health passports</p> <p>(4) Let's Talk sessions for groups of CLA and young people leaving care establish in August and September to review and reflect on health needs and participation. Action plan arising from Let's Talk to be presented to Corporate Parenting Panel.</p> <p>Designated Professionals to explore methods of capturing young people's views during health assessment process. Meeting 06/09/12</p> <p>Decisions have been made for the Corporate Parenting panel to be attended by CLA Designated Nurse and CLA Designated Doctor. CLA represented on Corporate Parenting Panel. Designated Nurse attended July 2012</p> <p>CLA Health workshops for social workers to take place in September 2012</p> <p>(6) Completed: Specialist Practitioner from Morning Lane has been assigned to CLA Service and is attending team meetings in August and engaging with practice, case work</p> <p>(7) CLA Designated Nurse and participation Officer to engage Beyond Limits to seek expectations and feedback</p> <p>(8) An action plan is being developed. Negotiation with Harrow Leisure Centre, Schools and Cedars Youth Centre are being conducted to provide access to leisure for CLA and young people leaving care</p>
Immediate	Informative health summaries for all children	Des. Nurse/ Des. Dr. (NWLHT)	MUST DO (1) Workshop with all health providers to identify a robust pathway for initial health assessments, reviews and to embed use of health plans by lead health professional and	30/06/12	(1) Completed.

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
Organisation should ensure that all looked after children have access to timely, comprehensive health assessments leading to quality assured health care		Des. Nurse /	social care.	9/8/12	(2) Completed: Des. Nurse met key social care leads on 9 th August to complete pathways and process framework.
		Des. Dr. (NWLHT) / SM CLA	(2) Share pathways for delivering timely health assessments and reviews with social care partners.		
		Des. Nurse	(3) Sign off health assessment pathway at LSCB policies and procedures sub-group (then to LSCB operations group, LSCB Executive and Corporate Parenting Board for information)	16/10/12	(3) On track: in development, pathway to be signed off at meeting on 16 th Oct.
		Des. Nurse/ Des. Dr. (NWLHT)	(4) Deliver training to all teams and staff involved in delivering health pathway for LAC	5/10/12	(4) On track: Training scheduled for health and social care, finishing on 5 th Oct.
		SM CLA/ LAC Nurse	(5) CLA Lead Nurse to offer drop-in sessions at Gayton, Honey Pot Lane and Civic Centre for young people & for staff.	26.9.12	(5) Completed: Regular drop-in sessions already happening at residential units. Drop-in to be arranged jointly with Early Intervention Worker
		ICO G. Mgr/ LAC Nurse	(6) Ensure Lead Nurse maintains a database to enable robust monitoring of health assessments and escalates issues to Designated Nurse as agreed.	15/9/12	(6) On track: paper database in use, electronic database being developed by 21 st Sept. All CLA to have a health record on Rio with appropriate alert on. Health database to monitor timeliness of health assessments and identify failure to progress Completed health assessments to be scanned on Rio. Meeting 19/09/12 with Rio lead to ensure data is being captured
		ICO G. Mgr/ SM Per/ LAC Nurse NWLHT (GM)	(7) Provide monthly monitoring data for IHA and RHA timeliness to the Life Chances Forum (8) Ensure timely access to appointment slots for initial health assessments in line with pathway timeline	30/09/12 15/09/12	(7) On track: This will happen following completion of 6 (8) On track: Monitored by Lead Nurse through the agreed process
		LAC Nurse / SM Perf.	EMBEDDING (9) Ensure quarterly reporting on LAC health needs to The Life Chances Forum	30/09/12	(9) On track: Designated Professionals agreed method of monitoring health needs and will report to Life Chances Forum once sufficient data is gathered.
		Des. Nurse/ Des. Dr. (NWLHT)	(10) Agree process for quality assurance of all health assessments, including audit arrangements.	30/09/12	(10) Completed: process agreed for all health assessments to be quality assured by Designated Professionals including out of areas.
		SM CLA	(11) Improve response rates for completion of	31/12/12	(11) SDQ rates to be reported on quarterly.

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
			'Strengths and Difficulties Questionnaires' (SDQs).		
<p>Within 3 months</p> <p>(LAC4) Ensure supervision processes provide sufficient reflection and challenge</p>	<p>Supervision records clearly evidence analysis of children's safety and well-being and the intervention required to minimise risk and keep children safe.</p> <p>Protected time for Supervision is embedded within the children's workforce culture that allows time for practitioners to be reflective about their work with children, their interventions and how to improve outcomes for children</p>	<p>SM QA</p> <p>SM QA</p> <p>Imp. Board members</p> <p>SM QA</p> <p>DD TS</p>	<p>MUST DO</p> <p>(1) Review and implement Children's Services supervision policy; incorporating good practice, guidance and tools for use</p> <p>(2) C&F Commission training on the new supervision policy and requirements of managers and practitioners</p> <p>EMBEDDING</p> <p>(3) All agencies to review their own supervision policy with updates to follow</p> <p>(4) Undertake a follow up audit of supervision practice to assess how far the changes are embedded</p> <p>(5) Roll out Systemic EI and SW support service to encourage reflective practice and supervision</p>	<p>31.12.12</p> <p>27.9.12</p> <p>31.12.12</p> <p>31.3.13</p> <p>31.8.12</p>	<p>(1) On track: other borough guidance researched, policy drafted, will be discussed with staff, amended and signed-off.</p> <p>(2) Completed: Morning Lane Level 2 training programme has already been commissioned and will incorporate supervision</p> <p>(3) Section 11 audits to be used to monitor the delivery of supervision in all LSCB agencies.</p> <p>(4) Will be completed following completion & embedding of actions 1 & 2.</p> <p>(5) Completed: Morning Lane have been commissioned and now individual staff are linked to teams</p> <p>Children services 'systemic' Quality Assurance reviews across all teams are being undertaken.</p>
<p>Within 3 months</p> <p>(LAC5) Ensure all social workers and managers have a clear, appropriate and evaluated individual development plan linking casework and management skills and performance to development activity</p>	<p>A competent workforce that understands what excellent practice looks like</p>	<p>SM QA</p> <p>SM QA</p> <p>SM QA</p> <p>SM QA</p>	<p>MUST DO</p> <p>(1) Practice Directive to be sent by DCS to all staff stating that they must all have updated IPAD's by 31.10.12 (this fits in with the local guidance and cycle for IPAD's and will prevent duplication)</p> <p>(2) Management reports are provided to Divisional Directors identifying staff where IPAD's have not been completed</p> <p>EMBEDDING</p> <p>(3) To develop a centralised system to capture all IPADS and provide management information which can be reviewed to ensure that core social work skills are addressed</p> <p>(4) Periodic review / audit of the quality of IPADS</p>	<p>31.10.12</p> <p>30.11.12</p> <p>31.3.13</p> <p>31.12.12</p>	<p>(1) Completed. Practice Directive circulated on 31st August.</p> <p>(2) Process in development</p> <p>(3) Being developed</p> <p>(4) DCS will sign off all service manager IPADs and audit a sample of front-line IPADs as part of quality assurance processes.</p>

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		HR	(5) HRD to provide learning set workshops for all managers, supervisors regarding managing underperformance and absence	31.12.12	(5) One workshop has been delivered – more being planned
		DCS	(6) Ensure that excellence awards reward and recognition mechanisms are appropriately, fairly and transparently applied to recognise good/high performance	31.3.13	(6) Being considered
		SM QA	(7) Review C&F Workforce Strategy in relation to social work and embed systematic training.	31.12.12	(7) On track: 3 programmes being devised and will be rolled out from October 2012
Within 3 months (LAC6) The local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that the provision of healthcare to looked after children is subject to an effective whole system approach and performance management framework		Des. Nurse/ LSCB Chr.	MUST DO (1) Implement LSCB monitoring arrangements via the corporate parenting panel across the looked after children health pathway to monitor effectiveness of whole system approach.	31.10.12	(1) Ongoing: Corporate Parenting Panel to monitor health pathways and report back to LSCB
		SM Place. / SM CLA	(2) Establish bi-annual feedback from Adoption Panel	31.12.12	(2) On track: meetings with Panel Chair and agency decision maker will be scheduled for twice a year henceforward (plus Annual report)
		SM Perf./ Des. Nurse	(3) Establish monthly CLA Health assessment QA & performance activity reports	27.9.12	(3) On track: data provided. Now are establishing a monthly scorecard.
Within 3 months (LAC7) Ensure feedback and intelligence from child protection chairs and independent review officers is collated, analysed and used to inform service delivery	Feedback from CP Chairs and Independent Reviewing Officers to inform service improvements which are based on evidence.	QA MGR.	MUST DO (1) Quarterly performance reports on standards (e.g. attendance, parents seeing reports) at child protection conferences and CLA reviews to be developed.	27.9.12	(1) On track: management information has been requested and commentary will be provided by target date to Monthly Performance and Practice Meeting
		QA MGR.	(2) To develop a feedback system for YP and carers following their CLA reviews and CP conferences	27.9.12	(2) On track: Draft questionnaires designed and feedback received. Updates needed, pilot version to be in use by start October.
		SM QA	(3) A proposal to be developed, consulted on and implemented that will strengthening the role of the CP advisors and offer to the front line	27.9.12	(3) On track: A proposal has been drafted and sent to Targeted and SEN Services for comments awaiting feedback and CSMT to make decision
		QA MGR.	EMBEDDING (4) The Independent Review Officers annual report should include the analysis of findings to inform service delivery	30.4.13	
		QA MGR.		30.4.13	

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			(5) Child Protection Chairs to provide a report annually to feed into the LSCB Annual Report about the analysis of findings to inform service delivery		
Within 3 months (LAC8) Ensure an effective strategy is in place to reduce the risk of looked after children and young people offending	Looked after children are supported to prevent offending and re-offending.	YOT Mgr. / SM CLA YOT Mgr. / SM CLA	MUST DO (1) In conjunction with partners, develop a strategy to reduce the risk of looked after children offending as part of the YOT Improvement Plan EMBEDDING (2) Improve communication and partnership with YOT and CLA Service	27.9.12 31.12.12	(1) YOT Improvement Plan now prioritises LAC in all areas of its work. Review partnership protocol and establish improved working together regarding needs of CLA and care leavers with YOT. (2) Youth Offending Team Manager has joined 'CLA Life Chances Forum'. CLA Life Chances Forum to review partnership protocol for YOT and CLA Service on 3 rd September.
Within 3 months (LAC9) Strengthen processes for monitoring progress against the commitments in Harrow Children's Pledge.	The Harrow Children's Pledge is understood by all corporate parents	SM QA / SM CLA SM QA / DD TS SM CLA	MUST DO (1) Beyond Limits to review the Pledge (to report key themes to the Corporate Parenting Panel in December 2012) EMBEDDING (2) Develop a participation strategy for children known to social services. (3) CLA Life Chances Forum to ensure Corporate (cross-departmental) participation with action plan.	27.9.12 31.10.12 31.12.12	(1) Corporate Parenting schedule agreed for Beyond Limits to review Pledge for report in December 2012 (2) Drafting underway. (3) CLA Life Chances action plan established and reporting to Corporate Parenting panel Membership reviewed and sought to increase participation from Corporate colleagues
Within 6 months (LAC10) Reduce the number of changes of social worker experienced by looked after children	Greater consistency and stability for children	DD TS DD TS	MUST DO (1) Review transfer protocols and points of transfer across the New Operating Model (2) Produce a report with outcome of analysis and recommendations for action with clear implementation plan to reduce the number of changes of social workers	31.12.12 31.12.12	(1) Following review, 'Transfer Meetings' will recommence on 12 th Sept in a re-invigorated form & a draft transfer protocol has been produced. (2) A comprehensive analysis is underway, report will go to Director of Children's Services.
Within 6 months (LAC11) Analyse the reasons for short term	Young People have stable placements so that they can build meaningful relationships with families	SM Place. / SM CLA	MUST DO (1) Undertake a review of the cases in last 12 months where there has been a higher	31.9.12	(1) Will be produced by and signed off at September 'Performance and Practice' Meeting.

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placement instability and implement a plan to improve performance		SM Place. / SM CLA	number of moves and produce a report with a plan to improve performance. EMBEDDING (2) Develop 'Access to Resources Service' to increase oversight when children enter care: improve care planning, interventions & support.	31.12.12	(2a) Discussions with and visits to other Local Authorities (incl. Wandsworth and Ealing) & staff consultations are taking place in August & September. b) Reconfigured service will be developed & operational by end of December. New ways of working embedded by the end of the financial year.
		SM Place. / SM CLA	(3) Develop Fostering Recruitment Plan: to ensure sustained rate new carer recruitment & improving carer skills through improved support and training.	31.12.12	(3) Ongoing