

PLYMOUTH CHILDREN, YOUNG PEOPLE AND FAMILIES IMPROVEMENT PLAN



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INTRODUCTION

Plymouth's services for children, young people and families had its last standard inspection in 2018, with a grading of Requires Improvement, followed by a JTAI in 2019 and most recently a Focused Visit on the 'front door' services in December 2022.

The Focused Visit determined that the quality of social work practice for children at the 'front door' had declined and that the serious and widespread failing left children at risk of significant harm. The findings cemented the diagnostic and quality assurance work undertaken following the appointment of a new DCS in June 2022 and improvement and transformation activity was in motion at the point of the visit. We have however, in recognition of the grave seriousness of the Focused Visit findings, accelerated our improvement response yet further.

In September 2022 a Children's Transformation and Improvement Project was agreed by the Corporate Leadership team to address a number of systemic issues which were preventing the organisation from achieving good, consistent support and services for children and young people. This project has five key design principles and delivery areas in order to address inconsistencies in service delivery.

1. Ensure that the **workforce is stable, able, appropriately structured**, supported, have access to clear professional development pathways. This will lead to stability in the permanent workforce and a reduction of the use of agency workers. There will be a clear and specific focus on support for our Team Managers so that we enable them to be the best that they can be and provide consistent management oversight for our children.
2. To design and **implement a new Target Operating Model** that reduces the number of social workers experienced by children and their families so that strong relationships are formed and meaningful restorative and timely practice can flourish. This includes the Children's with Disabilities teams moving from Education into Social Care structures.
3. To implement a localities **structure for specific social work teams to bring together Education and Social Care services so that our most vulnerable learners, their families and stakeholders only have to tell their story once** and be supported by an integrated team. Key within this area will be the effective delivery of focus and specific Early Help support thereby, reducing the demand and 'start again' activity in the system, this will **incorporate the required changes for our SEND cohort and attendance duties**.
4. To urgently **address and improve the practice issues which are resulting in too many adolescents coming into care; evidenced by the use of supported accommodation, unregulated places, the use of residential care and placement instability** for our most vulnerable children. This will be achieved through a focused edge of care offer and a revised sufficiency strategy focusing upon our internal Fostering Services with specific development areas e.g. use and support of SGOs, emergency/turnaround respite support, support for short breaks for our children with disabilities.
5. The creation of a **Quality Performance and Planning** unit for the Service. This will address the improvements needed within our quality assurance processes across Education and Social Care so that we can understand the lived experience of children and families in Plymouth and ensure that we learn, develop and adapt at pace to bring about the improvements needed across at service in a sustainable manner.

We have created this improvement plan to respond to the recommendations, findings and priority actions of the December Focused Visit both within the ‘front door’ services, from our recent internal diagnostic lead by our DCS, this has been further supported by additional advice provided by our Sector Led Improvement Partner Dorset Council and external improvement practice consultant.

This Improvement plan is dynamic and will be updated to reflect our progress for children and families services in Plymouth. The plan will; capture the extent to which services are compliant with legal and statutory requirements; our progress in achieving quality standards; and to evidence that we have responded effectively to Ofsted’s findings.

GOVERNANCE

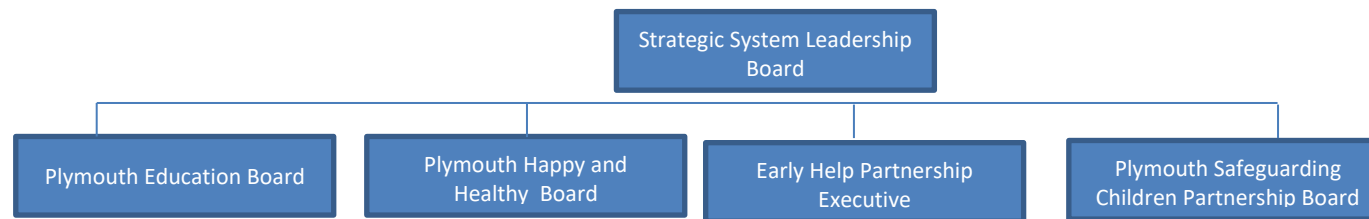
A refreshed governance structure is in place to ensure that we are getting the right support and challenge to keep on track.

Governance Structures in Plymouth

Plymouth has its Strategic System Leadership Board (SSLB) which meets on a quarterly basis. This meeting is attended by senior leaders from across key statutory and voluntary organisations.

The SSLB has four key delivery strands these are aligned to the Bright Futures Strategy; this is where ongoing strategic conversations and actions are derived to ensure that the Bright Future Strategy is delivered against.

The SSLB will continue to meet so that the long term plans of the city can be realised and that existing governance structures prevail. This ensures that the strategic delivery and operational dialogue in the wider sense can prevail through the associated delivery arms detailed below.



The Improvement Board is a time-bounded Board with an absolute focus on the delivery of specific improvement areas as identified in the Local Area SEND Improvement Plan and the wider Plymouth Improvement Plan.

Plymouth City Children's Improvement Board

The Improvement Board is chaired by Theresa Leavy as an Independent Chair for Plymouth's Improvement Board. It will meet every month. The Improvement Board will drive the **strategic** implementation of this plan and will provide support and challenge to ensure we are delivering the expected outcomes across the city. The Board includes senior representation from the council including the Lead Member for Children's Services, senior officers of the council and senior officers from statutory agencies across Plymouth.

Plymouth City Council Children's Programme Board

The Director for Children Services or CEX, chairs a **monthly** meeting that oversees the **implementation** of the plan, and the improvement priorities as they evolve in response to our own quality assurance and learning. This will be supported by a Programme Manager and will also ensure direct alignment to the Council's Medium Term Financial Plan objectives.

Outcomes for Children and Quality Assurance Review (QAF)

The Director for Children Services chairs a **monthly** Outcomes for Children and Quality Assurance Forum where Heads of Service and service/locality directors review data, learning from quality assurance and feedback as set out in the new Quality Assurance Framework. This allows progress and patterns to be seen whilst receiving support and challenge from the group about areas of strength and areas for development and ensure that the progression of quality of practice is improved each month.

Plymouth Safeguarding Children Partnership (PSCP)

Progress on the improvement plan is also reported to Plymouth Safeguarding Children Partnership to ensure alignment across the safeguarding partnership and its various sub-groups.

Medium Term Financial Plan (MTFP)

We have identified a number of changes required in the profile of our Children in Care cohort. This will occur as we improve our Early Help offer, Edge of Care response and locality teams' response to safeguarding matters.

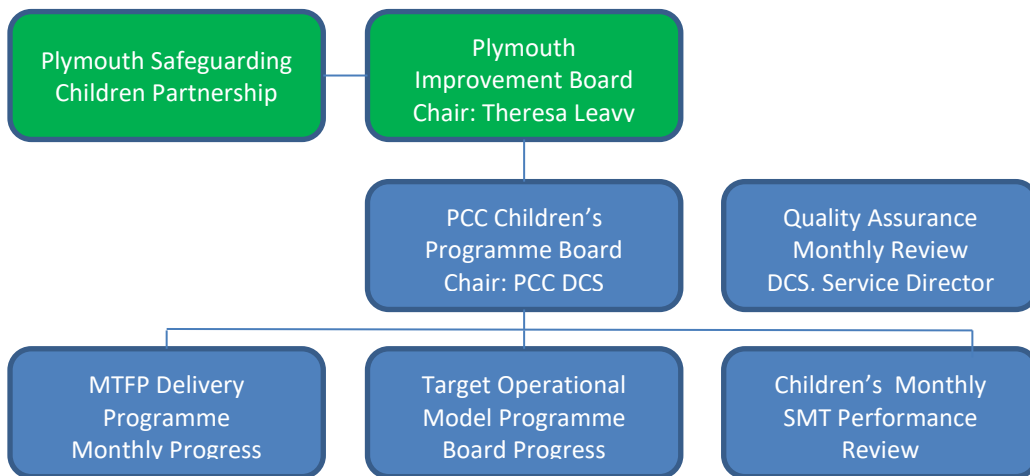
These changes will support our unequivocal focus on ensuring children's needs are met by the right support and care at the right time and will correspondingly, support the Medium Term Financial Plan and expenditure of resource allocated to the budget. Specific changes relate to: a reduction of the numbers of children in care, a reduction in the number of children cared for in residential settings, a reduction in adolescent entrants into care and an increase in Special Guardianship Orders or Community arrangements through kinship care. There are two further areas of MTFP focus within the

SEND arena; these are around projects relating to Short Breaks and SEND transport. Progress is measured through the DMT working group and there are direct links with reference numbers within sections of this improvement plan. (These are listed as MTFPI, etc.)

Target Operating Model Delivery – Programme Delivery

Throughout April to June, a monthly delivery board will be in place to track the implementation of the new target operating model for Plymouth.

Governance Boards in Place



OUR PRIORITIES

The Ofsted Letter following the Focused Visit to 'front door' services, sets out clearly the breadth and scale of the challenges facing the service, but also noted that senior leaders recognised the deficits, and that corporate support and financial investment had been secured to address the changes - and pace of change - needed. It noted that staff felt much more confident in raising potential issues and described an open and learning culture. This improvement plan will build upon these important conditions for success.

There is a clear understanding about the complexity of the journey ahead and that not all improvements can proceed within the same timescale. The timings for completion of individual elements of the Improvement Plan have been set to reflect the immediate and longer-term needs of children and the interdependencies of improvement priorities. The plan intends to ensure that improved compliance with statutory and policy requirements will be addressed in tandem with sustainable improvements in quality. The work to strengthen performance and quality assurance frameworks is central and continuous.

The Focused Visit December 2022 letter details two areas for priority actions and clear indications as to other areas of improvement;

Areas for priority action;

- The consistent understanding and application of thresholds for intervention and when to obtain or dispense with parental consent to ensure children are appropriately safeguarded.
- The convening and timeliness of child protection strategy meetings and initial child protection case conferences when significant risks are evident for children.

Areas for focused practice improvement;

- The quality and timeliness of assessments and initial plans.
- Response at the front door to domestic abuse.
- Timeliness of initial child protection conferences.
- Quality of supervision.
- Management oversight and decision-making.
- The specificity, prioritisation of actions and impact focus of the local authority's improvement plan.

Taken together with the insights derived from our self-evaluation and consultation with our SLIP and improvement consultant, our **6 improvement priorities** focus on practice for children's Social Care and Early help. While it is to be noted that Priority 2 necessarily attends to our need for a sharp focus on our Front Door development, it is the case that many of the findings provide important whole-system alerts and accordingly feature or are positioned in other pillars.

1. Governance, leadership and management
2. Early Help and Front Door responses
3. Robust and effective social work practice
4. At risk of Care, Cared for and care experienced children and young people
5. Quality assurance and audit
6. A Stable and able workforce

The detailed improvement plan set out below uses these pillars as a framework, but for ease of reading cross references all improvement priorities to the relevant sections of the Front Door Focused Visit (FDFV) letter.

INDICATORS OF SUCCESS

The indicators set out below will demonstrate change achieved

Early Help and Front Door Responses (Early Help / Initial Response Team (IRT) data only)		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Direction of travel	Target	MTFP Link
1	Number of Early Help / Front Door Referrals (in month)	1,147	1,033	553	670	599	624	▲	Monitor	MTFP 1
2	Percentage of Early Help Assessments completed within 15 working days (June 2022 to date)	Report development required						◀ ▶	TBC	
3	Percentage of Early Help episodes closed within the last 12 weeks who have been referred to Social Care (June 2022 to date)	Report development required						◀ ▶	TBC	
4	Number of children stepped down from Child In Need to Early Help (in month)	Report development required						◀ ▶	TBC	
5	Number of MASH Contacts (in month)	474	489	335	464	361	609	▲	Monitor	
6	Percentage of repeat contacts where previous contact was within previous 12 months (in month)	41.3%	46.5%	30.5%	42.2%	39.6%	37.6%	▼	Monitor	
7	Percentage of Initial contact decisions made within 24 hours	Report development required						◀ ▶	90.0%	
8	Number of MASH Referrals (in month)	210	213	198	238	166	240	▲	Monitor	MTFP 2
9	Percentage of referrals leading to 'No Further Action' (in month)	4.2%	4.2%	2.0%	6.4%	9.0%	12.5%	▲	7.6% England	
10	Percentage of re-referrals within previous 12 months (rolling 12 months)	21.2%	21.1%	20.9%	20.7%	20.3%	19.3%	▼	23.0%	
11	Percentage of single assessments leading to closure (in month)	54.1%	49.0%	45.8%	60.0%	54.9%	51.4%	▼	Monitor	
12	Percentage of single assessments completed in 45 working days (June 2022 to date)	60.9%	62.3%	60.5%	63.2%	63.2%	64.1%	▲	90.0%	
13	Percentage of strategy discussions held within one working day of referral (where a Strategy Discussion was deemed necessary)	Report development required						◀ ▶	90.0%	
14	Percentage of strategy discussions with the outcome 'Section 47 enquiry required' (in month)	86.4%	80.7%	74.2%	88.6%	86.0%	74.2%	▼	Monitor	
15	Percentage of authorised Section 47 Enquiries with the outcome 'Convene initial child protection conference' (in month)	18.5%	43.9%	39.2%	18.5%	10.3%	17.0%	▲	Monitor	
16	Percentage of Initial Response Team audits graded as good or better	Report development required						◀ ▶	80.0%	
17	Percentage of Initial Response Team audits graded as inadequate	Report development required						◀ ▶	10.0%	

Robust and effective social work practice		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Direction of travel	Target	MTFP Link
18	Rate of Children in Need (CIN) per 10,000 children (month end snapshot)	189.2r	192.4r	189.0r	197.7r	185.2r	177.1r	▼	Monitor	MTFP 3
19	Rate of Children subject to a Child Protection Plan (CP) per 10,000 children (month end snapshot)	40.7r	40.7r	44.8r	44.3r	43.7r	43.7r	◀ ▶	42.1r England	MTFP 4
20	Rate of Children in Care (CIC) per 10,000 children (month end snapshot)	89.7r	91.4r	91.4r	94.0r	92.7r	94.0r	▲	70.0r England	MTFP 5
21	Percentage of single assessments completed within 45 working days (in month)	45.9%	73.2%	53.3%	77.5%	66.3%	65.8%	▼	90.0%	
22	Percentage of single assessments completed within 45 working days (year to date)	67.7%	68.4%	66.6%	67.7%	67.6%	67.4%	▼	90.0%	
23 NEW	Percentage of children seen during assessment (completed in month)	56.6%	80.4%	80.4%	78.8%	70.7%	77.1%	▲	Monitor	
24	Percentage of Initial Child Protection Conferences held within 15 working days of Strategy Discussion (in month)	94.4%	5.6%	20.5%	51.4%	94.7%	100.0%	▲	90.0%	
25	Children subject to Repeat Child Protection Plans within 2 years (rolling 12 months)	12.4%	12.0%	10.6%	11.7%	11.0%	10.7%	▼	10.5% Ofsted Good+	
26	Percentage of children who have a closed Child Protection plan open for 2 years or more (year to date)	8.6%	7.7%	7.3%	6.8%	6.5%	5.9%	▼	Monitor	
27 NEW	Number of children with a missing episode(s) in month	47	34	25	39	53	58	▲	Monitor	
28 NEW	Number of Safer Me Assessments undertaken in month	10	14	12	18	9	5	▼	Monitor	
29	Percentage of PLO (Public Law Outline) concluding within 16 weeks	Not available		0.0%	37.5%	0%	23.1%	▲	90.0%	MTFP 6
At risk of Care, Cared for and Care Experienced Children and Young People		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Direction of travel	Target	MTFP Link
30 NEW	Number of admissions to care in month	8	20	15	29	9	14	▲	Monitor	
31 NEW	Number of discharges from care in month	15	9	20	12	15	8	▼	Monitor	
32	Number of unregistered placements – Under 16 (month end snapshot)	5	5	4	4	3	4	▲	0	MTFP 7
33	Number of unregistered placements – Age 16+ (month end snapshot)	3	3	3	1	1	2	▲	0	MTFP 8
34	Number of residential placements (month end snapshot)	55	55	57	62	62	57	▼	50	MTFP 9
35	Number of unplanned admissions to care (in month)	Report development required						◀ ▶	0	MTFP 10

36 R12M	Percentage of discharges from care to Special Guardianship Order (rolling 12 months)	9.6%	10.2%	11.4%	9.8%	9.8%	10.6%	▲	15.0%	
37	Number of Special Guardianship Orders in place	35	29	29	30	32	27	▼	Monitor	MTFP 11
38	Percentage of children placed with 'In house' foster carers (month end snapshot)	24.7%	22.8%	22.2%	23.0%	23.1%	23.0%	▼	30.0%	MTFP 12
39	Short Term Placement Stability (month end snapshot)	9.5%	8.8%	9.5%	8.6%	7.5%	8.0%	▲	10.5%	
40	Long Term Placement Stability (month end snapshot)	67.4%	69.1%	68.3%	67.9%	71.7%	73.4%	▲	70.0%	MTFP 13
41	Percentage of children in care with health checks up to date	49.7%	76.4%	77.4%	82.2%	80.2%	74.8%	▼	95.0%	
42	Percentage of children in care with Dental checks up to date	30.4%	48.2%	48.5%	53.8%	52.0%	48.9%	▼	95.0%	
43	Percentage of children in care with Optical checks up to date	57.8%	69.1%	69.5%	69.7%	70.5%	70.0%	▼	95.0%	
44	Percentage of children in care with immunisations up to date	87.3%	85.6%	84.3%	84.7%	84.8%	84.1%	▼	100.0%	
45	School attendance rate for children known to Social Care (month end snapshot)	Report development required						◀ ▶	95.0%	
46	Number of Children in Care without a School Placement	Report development required						◀ ▶	0	
47	Number of Children in Care with a Fixed Term Exclusion	Report development required						◀ ▶	TBC	
48	Number of Children in Care with a Permanent Exclusion	Report development required						◀ ▶	0	
49	Percentage of Care Leavers aged 18 to 20 in Education, Employment or Training (month end snapshot)	50.0%	52.2%	52.8%	52.7%	50.5%	50.0%	▼	80.0%	
50 NEW	Percentage of Care Leavers aged 18 to 20 in Suitable Accommodation (month end snapshot)	92.6%	94.4%	94.4%	95.1%	97.4%	95.9%	▼	90.0%	
Quality Assurance and Audit (safeguarding)		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Direction of travel	Target	MTFP Link
51	Timeliness of Reviews of Child Protection Plans (month end snapshot)	96.3%	98.2%	97.5%	100.0%	100.0%	99.2%	▼	95.0%	
52	Timeliness of Reviews of Children in Care (month end snapshot)	61.3%	67.6%	68.8%	70.3%	73.3%	74.3%	▲	95.0%	
53	Number of Resolution and Escalation forms completed	12	16	6	4	15	9	▼	Monitor	
54	Percentage of Resolution and Escalation forms completed in timescale	25.0%	6.3%	66.7%	25.0%	40.0%	44.4%	▲	90.0%	

Quality Assurance and Audit (auditing)		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Direction of travel	Target	MTFP Link
55	Overall number of audits completed	Quality Assurance Framework re-developed – reporting due Apr						◀ ▶	30	
56	Overall percentage of audits completed within timescale	Quality Assurance Framework re-developed – reporting due Apr						◀ ▶	90.0%	
57	Overall percentage of audits graded as good or better at moderation	Quality Assurance Framework re-developed – reporting due Apr						◀ ▶	80.0%	
58	Overall percentage of audits graded as inadequate at moderation	Quality Assurance Framework re-developed – reporting due Apr						◀ ▶	10.0%	
A Stable and able workforce		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Direction of travel	Target	MTFP Link
59	Percentage of Social Workers with more 20 children allocated (month end snapshot)	41.3%	45.1%	52.9%	58.6%	55.7%	58.3%	▲	5.0%	MTFP 14
60	Percentage of Case Supervision's in time – Initial Response Team (month end snapshot (all workers))	88.9%	71.5%	63.5%	67.0%	71.8%	85.1%	▲	90.0%	
61	Percentage of Case Supervision's in time – Children's Social Work (month end snapshot (all workers))	88.7%	52.5%	52.8%	59.4%	49.3%	76.3%	▲	90.0%	
62	Percentage of Case Supervision's in time – Permanency Service (month end snapshot (all workers))	98.3%	42.4%	24.5%	22.4%	30.1%	54.6%	▲	90.0%	
63	Percentage of Case Supervision's in time – Care Leavers Service (month end snapshot (all workers))	97.5%	17.8%	10.4%	10.7%	6.1%	7.4%	▲	90.0%	
64	Percentage of Case Supervision's in time – Children's Disability Team (month end snapshot (all workers))	85.3%	46.9%	16.7%	91.0%	38.0%	65.4%	▲	90.0%	
65	Percentage of Case Supervision's in time – Fostering Service (month end snapshot)	83.4%	22.9%	30.3%	14.9%	0.0%	100.0%	▲	90.0%	
66	Turnover rate for Social Workers (month end snapshot)	12.9%	12.8%	14.7%	14.6%	15.0%	14.5%	▼	12.0%	MTFP 15
67	Vacancy rate for Social Workers (month end snapshot)	23.0%	16.0%	18.3%	17.5%	14.9%	14.8%	▼	10.0%	MTFP 16

THE IMPROVEMENT PLAN

Progress against the planned outcomes will be shown by the following RAG rating:

Task Rating Key:
Red – Task is overdue
Amber - Task is in progress
Amber E (yellow) - Task implemented but impact not yet evidenced
Green – Task implemented and evidence (audit and quant) demonstrates embedded change

Priority 1 – Governance, Leadership and Management

The Chief Executive and Director for Children’s Services will should ensure that governance, leadership, management in Plymouth are robust and relentlessly focused on improving and sustaining outcomes for children, young people and families and that all recommendations from inspection activity and quality assurance are addressed

Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time /Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
I.1	Effective leaders and managers will ensure that priorities for the service and the standards to be achieved are	Leaders and managers will demonstrate vision, ambition, confidence, and skill to ensure that the service is fit for purpose and the workforce is sufficiently trained and enabled to deliver its responsibilities to	DCS and SD.	July 23	Children will benefit from a service that knows itself well, responds to identified and emerging needs in	Statutory requirements, local policies and procedures will be complied with and practice will adhere to good practice	New TOM is designed and is on track for implementation by July 23. Recruitment and Retention Strategy is	

	clear and will lead, develop and motivate the workforce (para 6, FDFV)	meet statutory requirements and good practice standards. Senior leaders and managers will communicate improvement priorities with consistency and precision and ensure delivery through a restorative approach which includes maintaining high challenge, expectations and support to those who are accountable for ensuring services continually improve.			a timely and effective manner and provides services that are good or better.	standards. This will be evident within audit, dip sampling, management oversight and child level performance data.	approved and being implemented. (1/3/23). Worked with the Unions to agree key aspects of our recruitment and retention strategy including retention payments in the CSW service which is most affected by retention pressures and other supporting strategies; We have welcomed 6 new overseas social workers into our teams with a further 9 joining in May Whole service events are taking place every 8 weeks and service meetings monthly.	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
I.1	Effective leaders and managers will ensure that priorities for the service and the standards to be	Service Plans that mirror and develop the overarching priorities set out in the Improvement plan will be in place.	SD	May 23			Practice Approach is finalised and under consultation with Leading Practice Groups.	

	achieved are clear and will lead, develop and motivate the workforce (para 6, FDFV)	All managers will ensure the workforce understand how their work impacts on service delivery and are active in evaluating how their interventions positively impact on children's outcomes					Implementation plan in place (1/3/23) QAF and Performance Framework is finalised and implemented with first Learning and Impact forum in April. (1/3/23) Aligned service plans are completed and under review for each service area. Further development of these plans is in progress to ensure complete alignment with overarching improvement plan and will be complete by 30 th April.	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
1.2	Elected members will be well-informed	Elected members will attend all improvement boards to enable them to understand	DCS	March 23	Elected members will support and hold the service to	100% attendance at the	The first meeting of the improvement board	E

	about service priorities and challenges, corresponding improvement plans and activities and will be active in offering political challenge and support (para 6, FDFV)	<p>fully the improvement plan and their role in ensuring delivery against its priorities.</p> <p>The Lead Member will have monthly performance meeting including highlight reports that will specify progress, challenges and risks.</p> <p>The Leader of the Council and Lead Member will undertake planned visits to services and be invited to take part in a bi-annual practice week to enable them to understand progress and best practice.</p> <p>Overview and scrutiny panels will have access to relevant performance data to enable them to carry out their functions appropriately.</p>			<p>account for the provision it makes to children and their families.</p> <p>Members will be able to offer assurance to their communities about the progress that is being made.</p> <p>Children will benefit from members exercising oversight and scrutiny of the quality of services being provided to children in Plymouth and seeing evidence of progress.</p>	<p>improvement board will support the contribution of member's overview and scrutiny.</p> <p>Improvement board will demonstrate challenge and contribution of elected members.</p>	<p>took place on 02 March 23.</p> <p>Monthly Portfolio Holder Meetings are in place with the Lead Member and include a performance highlight report.</p> <p>Practice Week has been scheduled to take place week beginning 22nd May.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
I.3	Partners and partnership boards will demonstrate a shared focus and	Partnership boards and plans will review the improvement plan against their current priorities and ensure alignment.	CEO, DCS, Directors of partner organisations	April 23	Children will benefit from consistently high quality and sustainable services, including	Systematic scrutiny through the work of the Improvement Board, partnership	PSCP Priorities for 23/24 have been adjusted to reflect priorities.	

	<p>understanding of the priorities for children and young people and have the capacity to deliver services to a consistently good or better standard. (para 2; 5; 10; 20 FDFV)</p>	<p>PSCP Board actions and Priorities for 23/34 will reflect the plan priorities.</p> <p>Partnership Launch event to launch improvement plan.</p>			<p>multi-disciplinary services that are responsive to informed understanding of need</p>	<p>boards and Council political oversight through Cabinet and Overview and Scrutiny will evaluate the effectiveness of the partnership in delivering high quality services to children.</p>	<p>SD presented overview of findings at PSCP board on 2 March 23.</p> <p>New Head of Service leads appointed to PSCP boards and will support integration of improvement plan priorities.</p> <p>Partnership Launch event scheduled for 26 April 23.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG

I.4	<p>The pace of change will be increased as a result of the implementation of an improvement plan, corresponding service-level plans and improvement board with clear and measurable improvement priorities. (para 5;15 FDFV) Leaders assured of progress through the mechanisms of the improvement board and performance framework with regular performance and management reports.</p>	<p>The improvement priorities will be implemented on time.</p> <p>Regular reports on the progress of improvement priorities will be systematically presented to the improvement board, DMT and CMT.</p> <p>A new QAF including Performance Reporting Framework will be developed to ensure whole system ownership of performance and that SMT, DMT, CLT and Members are formally updated through monthly highlight reports and performance meeting and aware of challenges, achievements and positive changes being made to the delivery of services to children in Plymouth.</p>	DCS, SD, HOS and operational managers, Partners	March 23	Children will experience consistently good quality services that understand their needs and impact positively on their lives and outcomes.	<p>The improvement plan will be in place.</p> <p>The individual elements of the improvement plan will be implemented on time and reports on progress will identify positive impact for children.</p> <p>Staff and partners will report increased focus upon actions designed to improve and sustain the quality of services to children.</p>	<p>Improvement priorities for March all implemented on schedule with the exception of one element of (2.7) – on track for completion in April.</p> <p>QAF and Performance Reporting Framework complete and implemented with inaugural Learning and Impact forum scheduled for April. (1/3/23)</p> <p>Improvement plan and board in place (1/3/23).</p> <p>First Learning and Impact meeting of the QAF taking place in April.</p>	E
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	R A G

I.5	The improvement plan will be specific, impact and priority-focused, owned by senior leaders who will take responsibility for sharing the improvement vision and subsequent actions with all staff (para 15 FDFV)	<p>The Improvement Plan will be approved.</p> <p>The plan will be shared with the wider workforce via the Heads of Service with clear expectations on delivery that will be built into service plans and rigorously evaluated for impact through the board and QAF.</p> <p>All frontline managers and staff will attend an improvement plan launch event to enable them to understand fully the improvement plan and their role in ensuring delivery against its priorities.</p>	DCS, SD, PIL, HOS	March 23	Children will benefit from a service that fully understands and is engaged with collective agency, in the delivery of its priorities.	<p>All staff will understand and own the improvement plan and vision.</p> <p>Staff will report engagement and participation with the detail and service-level plans and the overarching improvement vision and plan.</p>	<p>Improvement plan and board in place.</p> <p>Improvement plan introductory session taken place with TM and above on 24/2/23.</p> <p>Whole service event for frontline managers and staff has taken place in March</p> <p>Review system and rhythm for aligned service-level plans will be in place by end April 23</p>	E
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG

<p>1.6</p>	<p>The Operating Model of the service will provide the conditions for relationship-based, high quality services for children, young people and their families that ensure effective Early Help and statutory responses (para 10 FDFV)</p>	<p>New Target Operating Model implemented. To include re-positioning of CDT.</p> <p>Locality approach developed with clear timeframe for implementation and project management.</p> <p>Improved performance reporting framework in place to support preventative responses.</p>	<p>DCS, SD, AD EPS</p>	<p>July 23</p>	<p>Children and Families will benefit from improved early help availability</p> <p>Children, young people and families will experience the positive impacts of continuity of relationships, reducing 'start again' syndrome.</p> <p>Vulnerable children will be supported to reach their potential through better early identification and targeted responses.</p> <p>Children with Disabilities will access the right level of support and intervention matched to their need.</p>	<p>Reduction in referrals into the statutory service and corresponding reduction in volume through the system.</p> <p>Increase in Care Experienced young people in Education Employment and Training.</p> <p>Stabilisation of social work workforce and a reduction in use and expenditure on agency staff.</p> <p>Demonstrable improvement in the Education outcomes for vulnerable learners in the city, specifically those whom are SEND and excluded/ low attendance and/or known to Social Care services, including Children in Care.</p>	<p>New TOM is designed. Implementation happening in phased approaches.</p> <p>Locality model proposal is ready for consultation and detailed modelling will taken place during April.</p> <p>Data-informed re-formation of existing centralised structure into locality areas of need is underway. Implementation by July.</p> <p>Phase One Family Hubs to be launched at the end of June.</p> <p>Recruitment and Retention Strategy is in final discussions with the Unions (w/c 17/4/23).</p> <p>QAF and Performance Reporting Framework complete and implemented (1/3/23)</p>	
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Priority 2 – Early Help and Front Door Responses

Early Help and Front Door services provide timely and appropriate help to children and their families which prevents escalation (or re-referral) to statutory services.								
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
2.1	There is an agreed understanding, vision and joined up approach to Early Help across the partnership and city, which supports the improvement priorities and prevents avoidable escalation to statutory services. (para 10 FDFV)	<p>Early Help Strategy - written and signed up to across the partnership.</p> <p>Continue to improve the understanding of the early help offer across the partnership and strategic alliances</p> <p>Early Help Advice Line data available.</p> <p>Digital information accurate, reflects the breadth of available Early Help and informs needs assessment and service planning.</p>	CSIL/ HOS Targeted Support and Early Help	June 23	Children will benefit from a rigorous approach to Early Help which will enable them to access appropriate services in a timely way and at a level which meets their needs.	<p>Fewer children will require a statutory service.</p> <p>Data will be available relating to uptake of Early Help, successful completion of early help interventions, rates of escalations to statutory services and rates of step down to Early Help.</p>	<p>Early Help Programme manager appointed.</p> <p>Successful progression of Family Hubs programme and on track for implementation of Phase I in June 23.</p> <p>Early Help advice line in place.</p> <p>Early Help case Eclipse case management system identified. Implementation Sept 23.</p>	

Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
2.1	There is an agreed understanding, vision and joined up approach to Early Help across the partnership and city, which supports the improvement priorities and prevents avoidable escalation to statutory services. (para 10 FDFV)	<p>Training with partners and bespoke sessions to improve awareness of early help agenda and develop quality assessments and plans that are impactful for families.</p> <p>A clear and accurate data dashboard available across the EH services.</p> <p>Future Early Help (Family Hubs) commissioning approach is informed by delivery of Start for Life programme 2023-2025</p>	CSIL/ HOS Targeted Support and Early Help	June 23			<p>Basic automated reporting is in place for Early Help but further development is needed city-wide following the establishment of a unified case management system.</p> <p>A range of new partnership training is taking place through the Operational MASH group to target understanding of thresholds pathways and planning and for children at risk of significant harm.</p>	

Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
2.2	Children and their families will benefit from a comprehensive offer of early help services and interventions that are timely and enable positive impact and outcomes (para 10 FDFV)	<p>Review and ensure all full spectrum of interventions correspond to the identified needs in the City.</p> <p>Implement Family Hubs Time for Change.</p> <p>Implement Targeted Support and Early Help re-design including creation of Early Help Teams with a Locality approach and Link Worker to each school.</p> <p>Review opportunities for digitisation of access to services.</p>	HOS Targeted Support / Programme Manager/ Strategic Commissioning Manager	June 23	Children young people and families will benefit from having access to high quality early interventions across the spectrum of services.		<p>Review of existing Early Help offer including digital opportunities is underway through newly appointed Programme Manager including options for shared case management system (part of Eclipse).</p> <p>Plymouth City Council has been confirmed as part of the Start for Life/ Family Hubs funded programme. As part of the programme the first 0-19 Family Hubs will be open in Plymouth by the end of June</p> <p>Targeted support business case approved and now in implementation, as planned.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG

2.3	Children’s early help assessments identify needs well and plans identify the right outcomes and levels of support needed for children (para 12 FDFV)	<p>Through the Targeted Support redesign and Family Hubs implementation, targeted support services will be differentiated from community services, necessitating revised guidance and standards re: Early Help assessment for different needs.</p> <p>Targeted support services to develop clear models of intervention, with relevant corresponding staff training and systems for evaluation and reporting of impact.</p> <p>Revised QA framework including distinct focus on EH and SEND in order to test and evidence impact.</p>	HOS Targeted Support / Programme Manager	Sept 23	<p>Children will benefit from an Early Help assessment and subsequent plan that is based on a comprehensive understanding of their needs and delivers the right level of support and improves outcomes.</p> <p>Children will experience and know that their voices have been heard.</p>	<p>Most assessments will be judged to be good by QA and audit processes.</p> <p>The timescales for Early Help assessment completion will be set and achieved according to the child’s needs.</p>	<p>Plymouth City Council has been confirmed as part of the Start for Life/ Family Hubs funded programme. As part of the programme the first 0-19 Family Hubs will be open in Plymouth by the end of June</p> <p>Targeted support re-design now in implantation as planned.</p> <p>Detailed, evidence-informed models with corresponding workforce development needs are in place for Edge of Care and AST and on track for implementation in April.</p> <p>QAF implemented and includes focus on EH and SEND.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	R A G

2.4	<p>Pace of change and improvement at the Front Door will be rapid. (para 5;15 FDFV)</p> <p>Leaders will be assured of progress through the mechanisms of the Front Door and overarching Improvement board and performance framework.</p>	<p>Front Door Improvement Board will be implemented and ensure delivery of Front Door Improvement Plan.</p> <p>Priority Action Plan and Front Door Improvement Plan will address the priority actions and findings of the Ofsted Front Door Focused Visit (Dec2022) with clear and measurable improvement priorities. Operational MASH group and Strategic MASH group will ensure close oversight of the quality of multiagency practice and decisions. An additional Team Manager in the MASH will support effective quality assurance.</p> <p>An Improvement Manager will provide temporary additional resource to support improvements, identify and embed new ways of working and implement the restructure to MASH/Gateway.</p>	SD/ HoS Front Door	March 23	Children and young people in need of help and protection will receive the right responses at the right time and services that are consistently good and lead to good outcomes.	<p>Progress against the Front Door improvement plan will be demonstrable</p> <p>Performance reporting will show stable and continuous improvement.</p>	<p>Front Door Improvement Board inaugural meeting on 23/2/23, chaired by SD. This has continued fortnightly</p> <p>Priority action plan is completed and submitted to Ofsted (24/2/23) with positive feedback at annual conversation with Ofsted.</p> <p>Operational MASH is reporting to the Strategic MASH group and Front Door improvement board. QA Lead has engaged with this group to support grip, confidence and delivery of the QA role.</p> <p>Additional Team Manager is in post.</p> <p>Improvement Manager is in post.</p>	E
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	R A G

2.5	Interface between EH and MASH is effective and robust.	<p>Front Door redesign will be implemented.</p> <p>Relaunch and embedding of the building support approach across the partnership.</p> <p>Practice Standards relating to communication with partners and families will be clear and adhered to regarding support and planning.</p> <p>Transitions Policy to be reviewed and updated.</p>	HOS Front Door / HOS Targeted Support	April 23	<p>Children and families will receive the right Help at right time.</p> <p>Children and families will benefit from seamless and coordinated transitions of support.</p>	<p>Data will evidence a reduction in referrals and assessments leading to no further action</p> <p>Data and Quality assurance activity will demonstrate prevention of escalation in need and requirement for higher tariff interventions.</p>	<p>The Front door redesign has been approved and is in implementation.</p> <p>Early Help Line launched. This included a further call to action for agencies to review their understanding of consent as set out in Building Support.</p> <p>Practice Standards approved at SMT and with Leading Practice groups – implementation on track for April 23.</p> <p>Transitions Policy currently under review (MA) and will be revised and in place by April 23.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG

<p>2.6</p>	<p>Thresholds for intervention are consistently understood and applied, including when to obtain or dispense with parental consent to ensure children are appropriate safeguarded. (PRIORITY ACTION and para 13; 16; 17 FDFV)</p>	<p>All Gateway and MASH staff receive clear direction that work in MASH is clearly undertaken with parental consent or under section 47.</p> <p>Updated MASH manual to clarify practice standards and processes</p> <p>Increased team management capacity within MASH</p> <p>Re-alignment of staff to ensure work is triaged by advanced practitioners/practice managers and quality assured by a team manager.</p> <p>The PSCP Case resolution protocol will form the basis of a 'Rapid Resolution Protocol' specifically for the MASH work will be undertaken across the partnership to support understanding of consent and thresholds.</p>	<p>Improvement Team Manager/ Team Managers MASH/ HOS Front Door</p>	<p>March 23</p>	<p>Children and families' rights to family life and data protection will be upheld. Families that do not reach threshold for statutory services will be appropriately and effectively signposted to other services.</p>	<p>Quality assurance activity through the MASH Operational group will demonstrate 100% audit samples show consent has been obtained or a Strategy discussion has taken place and that practice relating to obtaining consent including by multi-agency partners is understood, clear and leads to positive practice with families.</p>	<p>Clear Guidance has been provided through team and service meetings/briefings since December.</p> <p>QA shows a mixed picture in relation to consent which has led us to conclude that we still do not have a consistent understanding yet in spite of self-reporting confidence. Further service-wide development session took place on 4th April. Consent guidance will also be clear in the MASH manual pending approval at SMT on 24th April and</p> <p>All dip samples from February and March include consideration of consent being appropriately obtained or dispensed with.</p> <p>MASH Manual is now drafted, approved by Operational MASH group and due for approval at SMT on 17 April 2023</p> <p>A triage template in operation and all contacts receive an initial RAG to</p>	<p>E</p>
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							<p>assist prioritisation and timeliness.</p> <p>Realignment of staff to ensure triage and QA at the right level has been in place since December.</p> <p>A rapid resolution protocol was agreed by the Strategic MASH Group and is now in place.</p> <p>A tracker is now in place with regard to rapid resolutions and reported to the Operational and Strategic MASH groups.</p> <p>No PSCP Case Resolution processes have been identified.</p> <p>Partnership engagement in the improvement work is strong and consistent.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG

2.6	Thresholds for intervention are consistently understood and applied, including when to obtain or dispense with parental consent to ensure children are appropriate safeguarded. (PRIORITY ACTION and para 13; 16; 17 FDFV)	Front Door Redesign to be concluded to result in a single 'front door' for safeguarding – MASH (removal of Gateway). This also secures the increased establishment in MASH and the second team manager.	Improvement Team Manager/ Team Managers MASH/ HOS Front Door	March 23		Single 'front door' for safeguarding will be in place. Updated MASH and OOH manuals will be in place in place Second MASH Team Manager is in post. QA activity will demonstrate that all work is triaged by advanced practitioners/practice managers and quality assured by a team manager.	The Front Door Redesign consultation is concluded and begins on 17 th April. A new interim Team Manager has been in place since 09 January 2023 increasing the team management oversight capacity from one to two. The front door re-design secures this as a permanent additional position.	E
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	R A G

<p>2.6</p>	<p>Thresholds for intervention are consistently understood and applied, including when to obtain or dispense with parental consent to ensure children are appropriate safeguarded. (PRIORITY ACTION and para 13; 16; 17 FDFV)</p>	<p>Operational MASH Group will undertake 20 dip samples per fortnight re: Referral to NFA; re-referrals; threshold decisions; consent and repeat contacts. Monthly report will be provided to the Front Door Improvement Board and Strategic MASH Group. Revised supervision format to be introduced in MASH that focuses on quality or practice and decision making relevant to the unique role of a MASH worker.</p>	<p>Improvement Team Manager/ Team Managers MASH/ HOS Front Door</p>	<p>March 23</p>		<p>Supervision frequency will be 100% and QA activity will demonstrate that supervision is restorative, reflective, high quality and leads to improved practice and outcomes for children 80% samples will indicate practice is good or better. Front Door Improvement Board and Strategic MASH Group will see progress against KPI's.</p>	<p>Operational group continues to meet fortnightly. Multi-agency dip sampling commenced in February 2023 and has exceeded the minimum target set of 10 a week. 73 dip samples have been undertaken through March with actions and themes reported to the Front Door Improvement Board and multi-agency learning taken forward by the operational group. A schedule of dip sample themes for the coming weeks and months has been in place since end February and include OOHs. Strategic MASH groups are held monthly. The CYPFS QA Lead continues to work with this group to strengthen quality assurance. Revised supervision format is in place and data shows improved supervision levels from 71.8% Feb to 85.1% March</p>	<p>E</p>
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Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
2.7	Children in need of immediate protection and/or experiencing the impact of cumulative harm, are identified and timely action is taken to reduce risk (para 11;14; 16 FDFV) Urgent response line will be in place	Families and partner agencies will be able to easily make contact with MASH where they have safeguarding concerns about a child not open to social care, including an urgent response line.	HOS Front Door	March 23	Children that require immediate protection will receive prompt action to reduce risk.	Performance data and quality assurance activity will demonstrate timely responses and accurate assessment and responses to need and risk.	The current system ensures an immediate response through the duty line in MASH where Gateway calls are routed in urgent circumstances. Following the Front Door redesign, an urgent response in will line be in place in the MASH. All contacts are now being triaged (Feb 2023) with a RAG rating. Work is underway to ensure reporting is available of the number of strategy meetings taking place out of hours.	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
2.7	Children in need of immediate protection and/or experiencing the	Increased management capacity and oversight in the MASH will enable effective quality assurance of outcome	HOS Front Door	March	Children that require immediate protection will receive prompt	Operational MASH Group QA samples will indicate 80% practice is good or better.	OOH have a clear understanding that Strategy meetings need to happen out of hours, where there is a need for safety planning and a	

	<p>impact of cumulative harm, are identified and timely action is taken to reduce risk (para 11;14; 16 FDFV) Urgent response line will be in place</p>	<p>decisions and actions including;</p> <ul style="list-style-type: none"> - When children are identified as at risk of significant harm, strategy meetings will take place in a timely way. - Children re-referrals to the MASH will be identified and responded to effectively. - Decisions of NFA will be overseen to ensure appropriate decision-making and support. <p>Strategy meetings will be attended by all appropriate partners, including specialist agencies such as domestic abuse, drug use, SARC etc.</p>			<p>action to reduce risk.</p>	<p>QA will show 90% attendance by each partner agency at Strategy meetings. Front Door Improvement Board and Strategic MASH Group will see progress against KPI's.</p>	<p>threshold is met of reasonable cause to suspect significant harm. Where children are supported to stay outside the family home or without their usual parent(s), even if this is undertaken by partner agencies, OOH colleagues are ensuring a viability and risk assessment is undertaken and agreed by an AP or TM. An OOH manual will be in place during April to reflect commonalities with MASH process and outline the different approaches needed outside usual working hours.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
2.8	Quality, effectiveness and impact of multi-Agency	Quality and timeliness of information sharing will be effective and lead to timely action to reduce risk.	HOS Front Door/ Operational	May	Children will benefit from a holistic	Audit activity will demonstrate	Refer to s 2.6 The Front Door Improvement Board is	

	<p>working at the Front Door is consistent (para 16;17;18 FDFV)</p>	<p>Management oversight of decision-making and Operational MASH group will ensure full multi-agency participation including specialist, targeted and adult services involved where warranted.</p> <p>The PSCP Case resolution protocol will form the basis of a 'Rapid Resolution Protocol' specifically for the MASH.</p> <p>Availability of police colleagues out of hours to be resolved to ensure timely strategy discussions. Return to co-location of MASH colleagues in a physical space in Ballard House.</p>	<p>and Strategic MASH groups</p>		<p>understanding of their needs informing effective plans and timely responses to escalating concerns.</p> <p>When children are at risk of significant harm, prompt action will be taken to ensure their safety including outside working hours.</p>	<p>that responses for children and young people are joined-up, compliant with statutory requirements, policies and procedures and lead to appropriate safeguarding action in 80% cases.</p>	<p>providing oversight of operational multi-agency functioning and improvement work. Partnership attendance and engagement is strong and consistent. We have resolved the gap in Education representation.</p> <p>Early Help Call Back was soft launched on 23 January 2023 and then more widely publicised in February 2023. Volume of calls has increased month on month from 19 in January to 46 February and 103 March.</p> <p>A new approach to police availability OOH through the duty PPU team has been established and is reported to be working well.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG

2.8	Quality, effectiveness and impact of multi-Agency working at the Front Door is consistent (para 16;17;18 FDFV)		HOS Front Door/ Operational and Strategic MASH groups	May			<p>Additional DASV expert focus located within the MASH on 27 February and daily triage takes place with IDVA oversight of DASV referrals.</p> <p>Further exploration of increased co-location of partner agencies and expert services has taken place and a task and an innovation group has been agreed for May to review viability of a joint-agency daily triage and high risk response at the Front Door.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG

2.9	Capacity specifically in the MASH, including multi-agency representation, as well as expert practitioners e.g.re domestic abuse is sufficient to ensure a safe and effective service (para 17 FDFV)	<p>Front Door redesign will be implemented to ensure an effective operating model.</p> <p>The establishment of an additional team manager capacity will support consistent decision-making at the Front Door, allowing improved stability of volume and flow. Delivery of recruitment and retention strategy priorities and TOM.</p> <p>Review of multi-agency working, increased co-location and collaborative working will be explored with partner agencies and commissioned services including with regard to DASV.</p> <p>Multi-agency MASH group will be effective in oversight and quality assurance of MASH performance.</p>	HOS Front Door	31 st March 2023		Audit activity will demonstrate that responses for children and young people are joined-up, compliant with statutory requirements, policies and procedures and lead to appropriate safeguarding action.	<p>The Front door redesign has been approved implementation begins 17th April. This will increase capacity in the MASH with the creation of 7 new FSW roles now in place.</p> <p>Additional team manager and improvement manager is in place. New TOM will establish these posts. Implementation by July.</p> <p>Recruitment and Retention Strategy is in final discussions with the Unions (w/c 17/4/23).</p> <p>Operational group has markedly increased the volume and quality of its activity and is currently meeting weekly, reporting fortnightly to the Front Door Improvement Board. Strategic MASH Group meetings held monthly.</p>	E
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time/Date	What difference will it make to	How will we measure the difference to children?	Evidence of Progress	RAG

					children (impact)			
2.10	Domestic abuse practice and risk analysis, including recognition of the impact of repeated incidents, at the Front Door is robust and effective, including Triage of Domestic Abuse. (para 9 and 18 FDFV)	<p>Domestic abuse referrals to the MASH will be triaged and recorded utilising a standardised domestic abuse tool –This will include the consideration of the impact of repeated incidents of domestic abuse.</p> <p>Review of commissioned expert domestic abuse service to include co-location potential within the MASH.</p> <p>Commissioning of new domestic abuse service linked to new statutory duties</p>	<p>HOS Front Door and Team Managers MASH</p> <p>SD/ Commissioning</p> <p>SC Manager</p>	<p>Immediately</p> <p>New service in place for Dec 2023</p>	<p>Children will benefit from social work practice that reduces the impact of domestic abuse on them and their family.</p> <p>Children will be better protected from the impact of domestic abuse.</p>	<p>Audit and quality assurance will demonstrate high quality, purposeful and timely intervention to improve safety and sustain change.</p>	<p>DASV oversight has been strengthened by the inclusion of an IDVA to DASV triage from 27th February.</p> <p>Also see 2.8 above</p> <p>Procurement activity has begun regarding the commissioned DASV service following Plymouth VAWG commission review and findings in 2021. This will include enhance co-location and co-working opportunities. This is due to conclude by December 23.</p> <p>Refreshed Domestic Abuse Training and Toolkit has been developed and delivered for Social Workers and Family Support Workers and a training schedule has begun. Feedback re: impact on practice is being collated by Professional Development for reporting to Learning and Impact board.</p>	E

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Priority 3 – Robust and effective social work practice

Social work practice is of consistently high quality and assessments and plans for children ensure that purposeful work takes place to ensure children are safe and drift is prevented.

Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
3.1	Practice standards, Policies and procedures are embedded in practice, fully understood by all staff and are evaluated for effectiveness within the performance and quality assurance frameworks.	<p>A new suite of Practice Standards will be developed in consultation with social workers, in alignment with the Plymouth practice model and implemented.</p> <p>A wholesale review and updating of policies and procedures, including TriX, will be completed. Updates and new requirements will to be notified to all staff through Leading Practice groups, PIL staff briefings and six weekly whole service practice events.</p>	PIL, Service and Team managers.	May 23	Children will benefit from Social Workers fully understanding and discharging the duties required of them and their ability to apply policies and procedures in timely ways to the benefit of children.	<p>Case records will demonstrate an understanding and appropriate application of policies and procedures.</p> <p>Staff will report effective dissemination of new and revised policies and procedures.</p> <p>Audit activity will demonstrate that responses for children and young people are compliant with statutory requirements, policies and procedures.</p>	<p>Practice Standards review has been undertaken and draft standards now approved by SMT and Leading Practice Group. Implementation April 23 and staff are fully engaged through this and wider whole service events.</p> <p>Full policy and procedure review will follow in April.</p> <p>The new TOM will provide a policy officer role to ensure a sustained capacity and continuous improvement.</p>	

Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
3.2	<p>A clearly articulated and coherent practice approach will underpin the quality and consistency of practice and inform restorative, strengths-based and trauma-informed work with children young people and families.</p> <p>The practice approach will be embedded by an effective social work academy and aligned to the Quality Assurance Framework.</p>	<p>Plymouth Practice Approach will be developed in consultation with staff and key stakeholders.</p> <p>The practice approach will be implemented and embedded systemically through a clear implementation plan. The Social Work Academy's scope and professional development offer and progression pathway for professionals working directly with children, young people and families will be revised to ensure it is aligned with our practice approach and priorities</p>	PIL, QA Lead, PSW	April 23	Children, young people and families will receive support that is empowering, skilful, purposeful and leads to positive and sustained change.	<p>Practice Approach will be implemented including workforce development.</p> <p>Staff will demonstrate describe an intentional and coherent approach to practice with children and families.</p> <p>Audit and quality assurance activity will demonstrate that practice is purposeful and effective and leading to improved outcomes for children, young people and families.</p> <p>A reduction in volume, including reduction of children in care.</p>	<p>Practice Approach is finalised and approved by SMT and Leading Practice Groups. Implementation plan in place to begin March 23 including significant and holistic workforce development programme.</p> <p>Whole service Mark Finnis Restorative training rolled out starting March 23.</p> <p>Alignment with the wider partnership approach will take place through the PSCP Board and Partnership Launch event on 26th April.</p> <p>The workforce development offer and curriculum is under review and a draft proposal under consideration by SD. A new curriculum aligned to our improvement priorities and recruitment and retention goals will be launched by April 23.</p>	R A G

Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
3.3	<p>Strategy meetings and initial children protection conferences are convened in a timely way when significant risks are evident for children. (PRIORITY ACTION and para 14;16;23 FDFV)</p> <p>Thresholds and decisions regarding intervention for children previously subject to child protection plans are appropriate and based on high quality assessment and analysis. (para 16; 23 FDFV)</p>	<p>Strategy meetings required for unopen children take place only in the MASH by Team Managers.</p> <p>All contacts to be triaged upon entry to MASH, with a RAG rating to identify and respond to children at risk of significant harm</p> <p>Development work with the Out of Hours team to ensure there is a shared understanding of when strategy meetings are needed.</p> <p>Clear protocols in place regarding access to and availability of police colleagues to enable strategy meetings out of hours.</p>	<p>HOS Front Door</p> <p>SM QAS</p>	<p>March 23</p>	<p>Children at risk of significant harm are identified and responded to effectively without delay.</p> <p>Children will be prevented from experiencing the adverse impacts of repeated exposure to trauma.</p>	<p>Timeframes for Strategy meetings and initial children protection conferences will show compliance with statutory timeframes and quality assurance activity will demonstrate avoidance of delay.</p>	<p>All Strategy meetings required for unopen children now take place only in the MASH by Team Managers.</p> <p>All contacts are now being triaged (Feb 2023) with a RAG rating.</p> <p>Team development and clear direction has been provided as planned</p> <p>Work is underway and due for completion May 2023 to ensure reporting is available of the number of strategy meetings taking place out of hours.</p> <p>A new approach to police availability OOH through the duty PPU team has been established and is reported to be working well.</p>	E

Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
3.3	<p>Strategy meetings and initial children protection conferences are convened in a timely way when significant risks are evident for children. (PRIORITY ACTION and para 14;16;23 FDFV)</p> <p>Thresholds and decisions regarding intervention for children previously subject to child protection plans are appropriate and based on high quality assessment and analysis. (para 16; 23 FDFV)</p>	<p>Statutory timeframes for ICPC's for all children at risk of significant harm will be complied with.</p> <p>Operating model review of QAS service will be undertaken to ensure operational sufficiency for ICPC's and RCPC's. any adjustments take place</p> <p>Independent Chairs, will provide pre-conference discussions to reflect on level of need, application of threshold and exploring care planning issues with Social Workers and Team Managers. Review of Independent Chair Consultation role to ensure it is impactful for children.</p>	<p>HOS Front Door</p> <p>SM QAS</p>	<p>March 23</p>			<p>Continuing a rapid upward improvement from December 2022, Statutory timeframes are now being consistently met. 100% for March.</p> <p>Operating model review has been concluded and integrated into TOM proposals.</p> <p>Quality Assurance and Safeguarding Service is now benefitting from a new leadership approach, service level improvement plan and Independent chairs are receiving the right challenge and support to ensure effective practice for children. Resolution and escalation work needs to increase and be more effective and this is the focus of development work within the QAS and wider service.</p>	E

Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	R A G
3.3	<p>Strategy meetings and initial children protection conferences are convened in a timely way when significant risks are evident for children. (PRIORITY ACTION and para 14;16;23 FDFV)</p> <p>Thresholds and decisions regarding intervention for children previously subject to child protection plans are appropriate and based on high quality assessment and analysis. (para 16; 23 FDFV)</p>	<p>Chairs will continue challenge and support the child's record being up to date with Strategy and s.47 clearly recorded at point of request for an ICPC</p> <p>QA, Audit and Team Management development work to be provided by Steve Hart, independent improvement consultant and the QA Lead to build the knowledge, skills and confidence of our Team Managers.</p>	<p>HOS Front Door</p> <p>SM QAS</p>	<p>March 23</p>			<p>QA, Audit and Team Management development work has continued with Steve Hart and QA Lead Fran Giblin provided 1:1 audit development work and live group auditing sessions.</p> <p>The Leaders for Excellence pathway for Team Managers and Independent Chairs is providing an intensive weekly development programme in alignment with our 7 practice obsessions and focus on building knowledge, skills and confidence.</p> <p>The restorative training provided by Mark Finnis supports this work and provides a necessary restorative frame for these roles.</p> <p>Developmental work continues with chairs and the Leaders for Excellence group by the Service</p>	E

							Manager for QAS during March to ensure consistent application of thresholds and strengths based restorative assessment and planning.	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
3.3	<p>Strategy meetings and initial children protection conferences are convened in a timely way when significant risks are evident for children. (PRIORITY ACTION and para 14;16;23 FDFV)</p> <p>Thresholds and decisions regarding intervention for children previously subject to child protection plans are appropriate</p>	<p>A new performance framework will be implemented across the service as part of the new QAF to ensure a performance focused culture is embedded and performance 'owned' at all levels of the organisation and driving learning and improvement at the individual, team, service and system levels.</p> <p>Practice Review to be undertaken to identify themes and drivers for repeat CP planning.</p> <p>All outcomes from Strategy leading to request for CP Plan for children previously</p>	<p>HOS Front Door SM QAS</p>	March			<p>New performance framework is in place and demonstrably improving the grip and narrative around performance through the organisation. There is still work to do however to improve confidence and consistency.</p> <p>Revisions to Practice Guidance, bite-size and Refresher guides regarding expectations in relation to the Child Protection Pathway to embed practice improvement have been developed and delivered during March.</p> <p>Practice reviews with regarding to thresholds and repeat planning have been undertaken and provided to SMT and DMT February.</p>	E

	and based on high quality assessment and analysis. (para 16; 23 FDFV)	subject to plans will be QA's by SM for CSW and QAS.					Learning has been shared and embedded in all service meetings during March assessment and planning. Revision and development of reporting of QAS Management Information and development of the Score Card has been completed as part of the wider performance framework development. This will include improved management oversight and improvement of resolution and escalation activity.	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
3.4	Public Law Outline (PLO) and pre-proceedings work is effective and timely. Thresholds are understood, case decisions are tracked and reviewed and unnecessary delays are avoided.	Review the tracking and monitoring of all children's cases that meet the threshold for PLO process (including the pre-proceedings process) and produce performance data to SMT on a monthly basis team level data. Ensure the swift initiation of the legal process, for children that	Service Manager CSW	May	Children who are subject to PLO pre proceedings will benefit from timely, focussed and targeted responses to ensure that plans safeguard them and consider their permanent long-term options.	All children in the pre-proceedings process will demonstrably meet the threshold and will be subject to a clear plan. The rate of progression through PLO and the pre-proceedings	PLO and proceedings tracker now in place and monthly performance reports provided. This is providing visibility of timeliness for children and families and further work is underway by the case progression officer to ensure this improves.	

	Good practice and effective management oversight mean that proceedings are issued when necessary and without delay.	need it and which are supported by good assessments and effective managerial oversight and support.			Children will not spend prolonged period of times in the pre-proceedings process and there will be robust responses to their needs.	process is commensurate with the 16-week maximum timescale. An increased proportion of children step down successfully to CP reflecting effective pre-proceedings intervention.		
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
3.5	Management oversight is robust, timely and evident, including from senior managers (para 4; 22; 24 FDFV) Supervision is restorative, timely, reflective, high quality and leads to improved practice and outcomes for	A new development pathway: Leaders for Excellence will be implemented for all team managers, CP Chairs and IROs' to strengthen practice, management, leadership and quality assurance skills. Team managers will set C-SMART actions with a clear rationale and review at an early stage of planning and at regular intervals.	PIL and QA Lead Service Managers and Team Managers,	Immediate	Children will benefit from skilled workers who have been afforded opportunity to refresh and reflect upon their approach to their work. Children will experience work that is more structured and focused and will be assured	Records will show effective management case direction, advice, decisions and that actions required to safeguard and support children are in place and actively monitored. Audit and quality assurance will demonstrate the avoidance of drift and delay and	A weekly "Leader for Excellence" Pathway programme commenced on the 2nd February to support these key staff members and to date have focused on understanding children's levels of need, assessment analysis, outcome focused children's plans, making best use of performance data to improve practice, reflective supervision. These have continued to take place on a weekly basis and are supporting culture and	E

	<p>children. (para 4; 22; 24 FDFV)</p>	<p>Supervision will take place as mandated within the Supervision Policy.</p> <p>Team managers will ensure that plans are progressed in a timely way and where not, they will take remedial action. Team managers will ensure that actions set through audit are completed in a timely way.</p> <p>Team managers and social workers will prioritise protected time within which they are tasked, guided, advised, challenged and supported through supervision to deliver good outcomes for children through progressing work effectively and in a timely way.</p> <p>Supervision takes place and is recorded at regular levels in accordance with the supervision policy and at intervals reflective of the experience and capability of the worker.</p>			<p>that oversight of their plans will prevent drift and/or ineffective practice.</p>	<p>evidence of effective social work intervention to improve outcomes.</p> <p>QA mechanisms and performance reports will indicate the timeliness of robustness of supervision and frequency of management oversight.</p> <p>Audit will show 80% children have timely and effective management oversight and supervision recorded on their record.</p>	<p>practice change through the system.</p> <p>Team management confidence and effectiveness continues to be a strong area of developmental focus through the Leaders for Excellent weekly development pathway.</p> <p>Supervision performance across the system has improved during March in terms of timeliness.</p>	
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		Management oversight is recorded on each child's file at prescribed intervals, or more frequently when necessary, and demonstrates management 'grip' and understanding of the child's needs and how the plan will meet them. This includes management oversight of senior leaders during ad out of working hours.						
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
3.6	Effective case management will support practitioners to achieve manageable workloads and consistently good practice (para 7;24 FDFV)	Team and Service Managers will use performance management information and supervision to understand and take action to manage the complexities of individual social workers workloads. The allocation of work by Managers to	Team and Service Managers	March 23	Children will benefit from a timely and relationship-based service from Social Workers that ensures the right help at the right time.	Social Workers will report that workloads are mostly manageable and managers understand and respond to their pressures. Quality assurance and audit activity will demonstrate quality of assessment and	Caseloads continue to be monitored daily by senior leaders and reviewed continuously by team managers and within SMT and DMT monthly. The QAF and Performance Reporting Frameworks now in place are supporting a performance-focused culture, consistent approach, stronger grip and	E

		<p>Practitioners will be timely and effective management direction will be given.</p> <p>Any slippage from required standards will be recognised, understood and managed to prevent any risk to the safety of children or drift and delay.</p>				<p>impact of plans will be consistently good and informed by management oversight.</p> <p>Allocation data will show timeliness.</p> <p>Drift and delay will be avoided.</p> <p>Performance targets within the performance framework will show 80% achievement in all teams.</p>	<p>golden thread through the system including oversight of volume and flow.</p> <p>The Supervision Policy has been updated in conjunction with the Leading Practice groups and launched to the service. This supports a stronger understanding of the meaning and impact of supervision for staff and children's outcomes.</p> <p>Leaders for Excellence groups have focused heavily on management oversight and supervision during March.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
3.7	<p>Assessments are timely, comprehensive, analytical, of high quality and lead to appropriately focused help. (para 21)</p> <p>Assessments incorporate the</p>	<p>Improve the quality of all assessments through revised training and framework.</p> <p>Implement a coherent practice approach to assessment to enable a good understanding of the diverse nature of families.</p>	<p>PIL</p> <p>HoS, Service Managers and Team Managers to oversee, social workers to deliver.</p>	<p>May 23</p>	<p>Children will benefit from an assessment and subsequent plan that is based on a comprehensive understanding of their needs and delivers effective and sustained</p>	<p>80% assessments will be judged to be good by QA and audit processes.</p> <p>The timescales for assessment completion will be set and achieved</p>	<p>The Leaders for Excellence programme has included a strong focus on assessment and analysis through March.</p> <p>The launch of the practice standards, practice approach and QAF will create the conditions for good practice to flourish.</p>	

	<p>meaning of historical factors and all relevant information, including ethnic and cultural issues, the knowledge held by all relevant partners, and contributions of all relevant family members.(para 21 FDFV)</p>	<p>Review current assessment model and tools. Assessment quality will be subject to continuous quality assurance and development by team managers and audit. All assessments will be updated whenever significant events occur in a child's life</p>			<p>safety and change. Decisions and actions for children will be based on up to date assessments of need. Children will experience and know that their voices have been heard.</p>	<p>according to the child's needs. The quality of assessments will be evident lead to corresponding improvement in care plans when audited.</p>	<p>The current assessment model (RVM) has now been reviewed and a new proposed model has been agreed at SMT. New training to support this is underway and on track to be implemented in May 23.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	R A G

3.7	The child's voice is evident, and the child's lived experience is understood (para 22 FDFV) Management oversight of assessments is consistently good, sows professional curiosity and ensures that guidance is given to ensure that children receive timely, skilled help and protection. (para 22 FDFV).		PIL HoS, Service Managers and Team Managers to oversee, social workers to deliver.	May 23				
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG

3.8	<p>Children’s plans are developed and reviewed in a timely manner, comprehensive, specific with measurable outcomes (para 21; FDFV)</p> <p>Child in Need and Core group meetings include relevant professionals and are purposeful in ensuring that plans are implemented and effective (para 21 FDFV)</p>	<p>Provide targeted management development through the Leaders for Excellence pathway to ensure that all managers, CP Chairs and IRO’s have the necessary skills and understand their accountabilities in relation to the quality of plans.</p> <p>The quality of plans will be subject to continuous quality assurance and development by team managers and audit.</p>	PIL, QA Lead Team Managers, CP Chairs and IRO’s.	May	<p>Children will receive consistently good services as a result of having high quality assessments and plans which set out the requirements and timescales.</p> <p>Children will recognise that they are able to contribute to and influence their plans.</p>	<p>80% plans will be judged to be good by QA and audit processes.</p> <p>The timescales for plans to be completed and reviewed will be achieved.</p> <p>The quality of plans will be evident lead to corresponding improvement in outcomes when audited.</p>	<p>The Leaders for Excellence programme has focused on planning and plans during March.</p> <p>The practice approach and QAF will create the conditions for good practice to flourish.</p> <p>QAS has delivered training packages during February and March to Children’s Social Care and wider partnership with focus on threshold confidence, the child protection pathway and planning from Strategy, S47 and Conference expectations within a Strength-based Restorative Model. This will continue on a revolving schedule.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	R A G

3.9	Social Work Practice with families where domestic abuse is prevalent will be well-informed, confident and effective to ensure children are protected and victims supported to make the necessary changes in their lives (para 9; 18 FDFV)	Domestic abuse referrals to the MASH will be triaged and recorded utilising a standardised DASV risk tool. This will include the consideration of the impact of repeated incidents of domestic abuse. Review of PDAS commissioned expert domestic abuse service to include co-location potential within the MASH. Domestic Abuse Training and Toolkit will be developed and delivered for Social Workers and Family Support Workers All staff attending MARAC meetings will be fully cognoscente of the contemporary and historical circumstances of the child so that the meeting can properly understand the risks to which he/she is exposed.	Team Managers, MASH SD/ Commissioning PSW/ Academy	April 23	Children will benefit from social work practice that reduces the impact of domestic abuse on them and their family. Children will be better protected from the impact of domestic abuse.	Audit and quality assurance will demonstrate high quality, purposeful and timely intervention to improve safety and sustain change.	See 2.8 and 2.10	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	R A G

3.10	Social work practice will be well-informed and confident where neglect is a feature of concern, to ensure identification and effective responses. (para 14; 16;)	Implementation and embedding of the Graded Care Profile 2.	PSCP and Academy	June 23	<p>Children will benefit from social work practice that reduces the impact of cumulative harm and acute risks of neglect on them and their family.</p> <p>Children will be better protected from the cumulative harm and acute risks of neglect.</p>	Audit and quality assurance will demonstrate high quality, purposeful and timely intervention to improve safety and sustain change.	<p>Whilst an established training offer is in place within CYPFS, there is more to do in this space to ensure consistent and confidence practice both for social workers and partners.</p> <p>The PSCP have adopted the Graded Care Profile 2 and established an implementation and steering group. A single agency plan has been identifying leads and trainers in March with implementation plan in place.</p>	
Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
3.11	Extra-familial harm will be identified early	Daily risk meetings within the MASH, led by the Adolescent Safety	HOS Front Door and	August 23	Children will experience	The numbers of identified children	Daily risk meetings are in place in the MASH.	

	<p>and responded to effectively and coherently to reduce risks by social workers and multi-agency partners. Responses to children who go missing are effective with well-coordinated plans and actions to reduce risk (para 19 FDFV)</p>	<p>Hub will continue to drive timely and informed responses and ensure alignment to the statutory social work functions.</p> <p>A Safer Me assessment will be undertaken to inform planning in all cases where indicators of extra-familial and contextual harm are apparent. Adolescent Safety Framework training and practice development will be re-launched with an experienced operational lead to ensure workforce confidence, competence and integration with the wider safeguarding framework.</p>	<p>MASH / ASF Hub Team Managers</p>		<p>agencies working together more effectively and consistently to understand the patterns and trends associated with extra-familial harm and missing episodes. They will support prevention and disruptions activity that will reduce their vulnerabilities.</p>	<p>vulnerable to extra-familial harm is likely to increase initially as improvements are made in identifying children most at risk.</p>	<p>The Adolescent Safety Framework, has yet to achieve its potential in Plymouth, and quality assurance activity within CYPFS and the PSCP reveal there is a varied understanding of exploitation and contextual safeguarding issues, with professionals reliant on individual conventional safeguarding pathways to respond to extra familial and peer to peer harm.</p> <p>Following operational and strategic discussions between agencies, a task and finish group has been established, led by the Service Manager for QAS, to ensure an effective relaunch of the Adolescent Safety Framework, review of the approach and impact of the MACE.</p> <p>The Adolescent Safety Hub will be re-established in the MASH in April 2023 as part of the front door re-design.</p>	
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Ref No.	Desired Outcome for Children and Young People	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
3.11	<p>Extra-familial harm will be identified early and responded to effectively and coherently to reduce risks by social workers and multi-agency partners. Responses to children who go missing are effective with well-coordinated plans and actions to reduce risk (para 19 FDFV)</p>	<p>A review of the alignment of the MACE will be undertaken to ensure effective city-wide work with partners, particularly police and Safer Plymouth, to understand the patterns, themes and trends pertinent to the demographic of Plymouth.</p> <p>Return home interviews will be completed within statutory timescales in order that children's voice can be heard at the earliest opportunity and effective responses can be made.</p>	<p>HOS Front Door and MASH / ASF Hub Team Managers</p>	<p>August 23</p>	<p>For those children vulnerable to extra-familiar harm and/ or repeat missing episodes, effective plans will be in place.</p> <p>Children who are vulnerable to being targeted or who are already involved in exploitation will have a care plan that identifies how these vulnerabilities will be addressed and reduced.</p>	<p>Audit and quality assurance will demonstrate that the risks to children from outside their families, including reasons for being missing, are better understood, and responded to with targeted and effective plans.</p> <p>There will be a reduction in the numbers of repeat missing episodes.</p> <p>Children will receive a return home interview within 72 hours of being found.</p>		

Priority 4 – At risk of Care, Cared for and Care Experienced Children and Young People								
Ensure that children can remain cared for safely within their families and family network wherever possible and that where necessary, high quality alternative care meets their needs and provides them with permanence and belonging.								
Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
4.1	<p>Children will only be brought into care when all other options have been exhausted, such as placements with connected people (para 21 FDFV)</p> <p>Unplanned placements will be avoided wherever possible.</p> <p>Unregistered care arrangements will be avoided wherever possible.</p>	<p>Any unplanned admission to care will be agreed only by the Service Director through the Authorisation to Accommodate request.</p> <p>A proposal for a new evidence-based Edge of Care (EOC) model including clear service specification and milestones will be provided and implemented. This will be a combination of new and re-developed existing resource include short-term registered provision in line with the evidence base.</p> <p>Edge of care services will be made available in planned and timely ways</p>	<p>All HOS/ SD</p> <p>HOS Targeted Support</p>	July 23	Children will feel safe, and their voice will be heard in decision making forums. Children will experience concerted efforts to enable them to continue living with their families wherever possible.	<p>Children will only be admitted to care when all other options have been considered.</p> <p>Placements will be available to children at the point of admission and unnecessary moves and/or periods of care in unregistered arrangements will reduce.</p>	<p>No unplanned admissions to care take place without Service Director approval.</p> <p>As a result of a strengthened procedure relating to children in unregistered arrangements including robust tracking and leadership oversight, the number of young people in unregistered settings have reduced from 10 in September 2022 to 4 in March and are on track to reduce to 2 by May.</p> <p>Edge of Care model has been developed and will be implemented in May. This will be a phased approach to include consideration of an evidence-based component 'circuit-break'</p>	

		<p>to all children vulnerable to a breakdown in their living arrangements.</p> <p>The new EOC team will be actively engaged in ensuring social workers and managers identify children at the edge of care and able to return home (reunification) at the earliest opportunity following referral or through the children in need and child protection processes.</p>					<p>residential children's home element in phase 2 (plans in place by July)</p> <p>Revised panel arrangements to ensure service director line of sight and oversight of care entrants and placement changes are in progress and will be in place by end April.</p>	
Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
4.2	<p>Children will be cared for in family-based placements unless their identified needs determine otherwise. (para 21; FDFV) Stability of care will improve.</p>	<p>The Special guardianship review will be concluded to ensure increased support and increase the number of children benefitting from this type of care. An Innovation Lead and team will be established to ensure a system of enhanced oversight and grip of all children; in unregistered and residential settings and need to 'step-forward'; who are new unplanned entrants to</p>	<p>SD HOS Permanence</p>	<p>May 23</p>	<p>Children will benefit from stable family relationships, in their communities. The likelihood of placement disruption will be reduced.</p>	<p>More children will remain at home or be cared for in Special Guardianship and connected carer arrangements and fewer in approved foster and residential care. Placement stability will</p>	<p>Dip sample of viability assessments that did not progress to Reg 24 assessments has been completed indicating more assessments for connected persons could care for children.</p> <p>Paper for development of Family & Friends Support Team to be incorporated into the TOM or presented</p>	

		<p>care; assessed as viable for return home.</p> <p>The Innovation team will provide additional social work support to these cohorts to support pace and quality of work</p> <p>The Innovation Lead will identify new ways of working across the OS Permanence system including with EH, MASH, PRAS, CDT education, housing, CAHMS, Livewell, adult services and the voluntary sector to support practice and system change and improve I outcomes.</p> <p>Any new requests for residential placement will be agreed only by the Innovation Lead, whose role it is to provide a critical friend function.</p> <p>All children in existing residential care arrangements will be subject to regular review within the CPR panel to ensure their needs continue to be best met outside a family placement.</p>				<p>demonstrably improve.</p> <p>Fewer Special Guardianship and Connect Carer arrangements will break down due to increased visibility and support.</p>	<p>as business case by end April 23.</p> <p>Care Planning and Review Panel reviews all children and young people in residential settings and children and young people who needs will be met by a plan to 'step forward' to new care arrangements during 23/24.</p> <p>All new requests for residential care arrangements are currently agreed only be the Service Director.</p> <p>There is a need to strengthen these panel arrangements to ensure the avoidance of drift and delay for children and the timely delivery of MTFP objective.</p> <p>See 4.1 above to review of these panel arrangements.</p>	
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		Children whose needs have been identified as needing a 'step-forward' plan to foster care, family care or return home will be tracked and supported by the Innovation Lead and Team. Reporting on the progress of plans for these children will be provided on a monthly basis to DMT.						
Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
4.3	An up to date sufficiency strategy will ensure a wide range and choice of placements available to meet the needs of all children in care. In-house foster care capacity will be increased.	Sufficiency strategy will be revised. The sufficiency statement will be based upon a detailed analysis of need of all children likely to be in the looked after system and will accommodate emerging trends of demand. Commercial manager role will be established through the TOM to support the recruitment of foster carers.	Strategic Commissioning Manager and Service Director SC Manager	May 23 Ongoing through the year	Children will benefit from choice of placement which will meet their needs and will avoid unnecessary changes of placement. The likelihood of placement disruption will be reduced. Where it is in the children's best interests, placements will	There will be a choice of accommodation which is accessible at the point of need for children who have to live away from their parents. At the point of entry into care, unnecessary moves will be avoided.	Sufficiency Strategy to be reviewed by May 2023 6 weekly meetings are in place with residential block contract providers to consider vacancy planning and to inform sufficiency/service development. Residential block contract procurement complete March 2023. New two bedded crisis residential home (block	

	Plans to increase local placement sufficiency will continue to progress in partnership with commissioned providers				be in the care of family or friends and/ or geographically located so as to support contact with their families and friends.	Short and long term stability will improve.	<p>contract) to open August 2023.</p> <p>12 bed Merrivale Road facility to open May/June 2023 for CYP aged 17 and care experienced 15+ residential children's home due to open May 2023 (3 beds)</p> <p>Specialist home for children with LA/ASC in consideration on site of former adult care home – with a focus on CDT cases currently sent out of area</p> <p>Emergency fostering offer to be developed via Peninsula fostering contract</p> <p>In House Fostering Team to develop and pilot a step-forward model (such as resilience fostering) for children stepping down from residential placements to be in place by May 2023.</p>	
Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to	How will we measure the difference to children?	Evidence of Progress	RAG

					children (impact)			
4.4	Matching for those children already living in long-term fostering placements will be timely so that they benefit from the stability and emotional security that this will offer them.	Team managers will take action to review all children and young people in their foster placements for over six months where long term fostering is the child's final plan, and ensure that arrangements to secure their plan are in place.	HOS Permanence	July 23	Children and young people will benefit from early decisions to secure matched long-term plans.	More children will benefit from matched long-term placements with foster carers. Increased security and stability will reduce placement disruption.	Matching Panels are chaired by Head of Service on a monthly basis Children and Young People receive a certificate and letter to celebrate the match when agreed. Further review will take place by the Innovation Team during May to determine whether more children could be permanently matched.	E
4.5	The fostering service in Plymouth will be the agency of choice for existing local and aspiring foster carers.	National Minimum Standards will be complied with in full. Performance reporting will be provided on a monthly basis to DMT to ensure close oversight of compliance and service development. Commercial manager role will be established through the TOM to support the recruitment of foster carers and quality of marketing strategy and activity.	HoS Permanence and Fostering	August 23	Children and young people will receive consistently high quality, trauma-informed and skilful care.	Increased number of approved foster carers. Increased number of children placed in in-house, local foster placements.	An action Plan is in place to ensure compliance with the NMS. Update report to DMT in May. Monthly DMT reporting is in place. The support and retention offer is under further review.	

Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
4.6	Children in care and care leavers will achieve their full potential educationally, are supported to develop the skills for independence and successfully find training or employment The proportion of care experienced young people who are not in education, employment or training (NEET) will reduce.	<p>Seeking Education, Employment and Training (SEET) Strategy to be completed with a clear focus and actions to ensure progress for care experienced young people.</p> <p>Launch SEET pilot for intensive and incentivised support for care experienced young people.</p> <p>Increase co-construction and quality of PEPS: SMART target, SMART outcomes</p> <p>Through the establishment of regular performance reporting systems, identify attendance, reduced timetable and exclusions for children in care and take timely action to ensure their full attendance and access to education.</p>	HO Skills and Post 16/ Head of Permanence/ Head of VS	July 23	Children in Care and Care experienced young people will benefit from full access to high quality education that recognises and meets their needs and reach their full educational potential. Care Experienced Young people will benefit from positive opportunities for education, employment and training and not be disadvantaged by adverse early experiences.	Improvement of educational achievement of children in care at each key stage. Increase in number of Care Leavers in EET. Audit and quality assurance activity will demonstrate improved quality of PEP's.	<p>SEET Strategy is currently being updated and will be completed in May 23.</p> <p>Plymouth has joined the Care Leaver Covenant and has made a number of corporate commitments to improve the offer for and outcomes of Care Leavers. Proposal for SEET PA Pilot and incentive scheme has been agreed and PA recruitment process will take place in April 2023.</p> <p>Virtual School are preparing workshops for Foster Carers and Social Workers to develop knowledge and confidence in getting the best out of PEPs and EHCP reviews in May 23.</p> <p>The establishment of the QAF and Performance Reporting Framework in March 23 will ensure visibility and progress in relation to attendance, reduced timetable and exclusions for children in care.</p>	

Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
4.7	The physical and psychological health of children coming into care, Children in Care and Care Experienced young people will be improved and maintained.	<p>All Children coming into care have a timely IHA which is regularly reviewed in line with statutory requirements.</p> <p>Children in Care will receive appropriate dental treatment and a minimum of annual dental check-ups.</p> <p>Care Experienced Young people will have access to their health history through their health passport and access to informal health advice through the Children in Care health team and universal services.</p> <p>The children in care CAHMS team will provide advice, support and guidance for children in care and their carers as needed and in addition to that available through universal services.</p>	All HOS	April 23	Children's health and wellbeing needs will be understood, responded to and improved as a result of regular and dedicated health care.	<p>Performance data related to initial and review health assessment, dental review and SDQ scores will demonstrate improvement.</p> <p>Audit and quality assurance will indicate that children's health and wellbeing needs are fully understood and responded to in a way that leads to improved outcomes for them.</p> <p>Children and young people will report improvements in their health and wellbeing through their LAC reviews and annual surveys.</p>	<p>Health Data for Children in Care is actively addressed through CPOMG (monthly).</p> <p>Monthly meetings between Health and children's social care take place to improve the process and recording issues for health KPIs. While February data indicated an improving performance position, there has been a slight reduction in the March data across all areas. A detailed review of this performance is being undertaken and appears to be linked to the focus on improved recording of SDQ data in March. Staffing absence re: coordination of RHA's is also a driver in March performance. This will have affected the RHA, dental and optical data available. More needs to be achieved in this space which will be a priority focus through April and onwards.</p>	

							Children in Care Nurses are available in person to all staff within Ballard House and provide weekly drop in sessions for care experienced young people for ongoing health support post 18 at Barnardos.	
Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
4.7	The physical and psychological health of children coming into care, Children in Care and Care Experienced young people will be improved and maintained.	Children in Care will contribute to and shape the plans for them and the delivery of wider services. Mind of My Own will be implemented.				90% Children and young people will participate in their reviews. Mind of My Own data will be implemented and demonstrate that children are able to participate in planning and decision-making and connect with trust professionals in a timely way.	The children in care CAHMS team are well-established and co-located at Ballard House. Mind of My Own has been purchased and is now in pilot implementation. Train the Trainer sessions are scheduled for May 23 which will then support the wider roll out of MOMO.	

Priority 5 – Quality Assurance and Audit								
Ensure a robust Quality Assurance Framework is in place that provides a clear picture of performance and leads to strong grip, practice improvement and embedded learning.								
Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
5.0	The quality assurance framework will ensure that performance information is collated for all service areas, enables the evaluation of impact of improvement work and, where weaknesses are identified, ensures they are addressed urgently by managers at all levels. (para 25;FDFV)	<p>An annual programme of outcome focused audit activity, including deep dive and thematic audits and dip sampling to be introduced to measure the effectiveness and impact of the improvement journey and the benefits to, and outcomes for children of the improvement actions.</p> <p>Train and develop a pool of auditors and moderators to include senior managers.</p>	HoS for QA and Safeguarding and QA Lead	May 23	Children will benefit from having a systematic effectiveness, impact and compliance check on services that are provided to them.	<p>Improved compliance with requirements, a greater focus on outcomes and improved quality assessment, planning and intervention which reflects the needs and views of children.</p> <p>Improved performance data across the range of measures.</p> <p>Most audits will be at least good or and all re-audits will be RI or better.</p>	<p>New Quality Assurance Framework has now been launched.</p> <p>Quality assurance and audit activity has increased in frequency and our quality is improving through the QA and Audit training and workshops provided by Steve Hart. 16 Independent Chairs and Team Managers have been provided with 1:1 development sessions through March before becoming 'approved' auditors.</p> <p>Monthly audit and moderation cycle has now resumed and will be supported by the QA Lead</p>	

Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
5.1	<p>Identified learning will be evaluated and disseminated to all staff. (para 27 FDFV)</p> <p>Actions identified from audit will be undertaken in a timely manner.</p>	Formalise the tracking of audit outcomes and recommendations to ensure that individual cases are improved and learning from audits is captured and supports policy and practice development.		July 23	Children will benefit from the knowledge that audit and dip sample recommendations will be followed up to ensure that the required action has been taken.	Improved performance data across the range of measures. Most audits will be at least good or and all re-audits will be RI or better.	<p>The TOM will establish two new permanent auditor roles.</p> <p>QAF and Performance Framework is finalised and implemented (1/3/23)</p> <p>Identified learning is provided to SMT where actions are approved and sewn into improvement plans and workstreams.</p> <p>The QAF will embed this further through monthly Quality Impact Board, the first of which will take place in April.</p> <p>Whole service meetings include a 'Learning from QA' interactive workshop.</p>	

Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
5.2	High quality data and performance management arrangements will enable tracking and improvement of practice and improved line of sight to practice by senior managers. (para 25; FDFV)	<p>A review of the performance management and reporting pathway will be undertaken to support more effective monitoring and identification of performance pressure points and emerging trends.</p> <p>Child level data will be available to ensure timely corrective action for individual children.</p>	SD	March 23	Children will benefit from the ability of managers and staff to be able to monitor their work. This will enable individual, team and service performance to be identified and action taken to respond to pressures and concerns.	<p>Child level data accessibility and reporting will result in improved case related performance.</p> <p>Team and service performance will improve in response to scrutiny and support with performance pressures and emerging demands.</p>	A review has been undertaken and a new Performance reporting Framework has now been established. This includes team, service level performance scorecards and review forms, monthly performance surgeries led by the Service Director and monthly performance reporting to SMT, DMT and the Portfolio Holder.	E

Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
5.3	<p>Child Protection Chairs will have effective oversight of cases, challenge and escalate where necessary to ensure outcomes are improved. (para 23; 24 FDFV)</p>	<p>Initial and Review Child Protection Conferences will take place within required statutory timescales.</p> <p>Child protection chairs will be fully conversant with the details of the child's needs and plan always record concerns and the actions that are required.</p> <p>Actions are monitored according to required timescales.</p> <p>Child protection chairs will use the 'resolution and escalation' process whenever they find poor practice or failure to implement the plan in full.</p>	SM QAS/ Child Protection Chairs	Immediately	<p>Children at risk of significant harm will experience improved safety and oversight as a result of timely multi-agency child protection planning. Children will benefit from the regular oversight and knowledge of Child Protection Chairs which will reduce the likelihood of them remaining in circumstances where they were likely to suffer significant harm. Where practice is of not good enough standard for children, improvements will be made using the dispute resolution process.</p>	<p>ICPC and RCPC timeliness will improve. Children will be subject to child protection plans for shorter periods. Plans will demonstrably be fully implemented. There will be a reduction in the numbers of children with second or further plans.</p>	<p>See 3.3</p> <p>Initial and Review Child Protection Conferences now take place within required statutory timescales with 100% .</p> <p>QAS has drafted and shared with Heads of Service Managers the Practice Guidance and Expectations for Child Protection Case Conferences, so that Team Managers and Social Workers are clear about the expectations of the Conferencing Model. This has been disseminated to all staff and a 'rebrand' launch at a Whole Service Event in May 23.</p>	E

Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
5.3	Child Protection Chairs will have effective oversight of cases, challenge and escalate where necessary to ensure outcomes are improved. (para 23; 24 FDFV)	<p>Chairs will undertake active 'mid-point' and needs-led review of all children who are subject to CP plans and ensure that the plan is effective and relevant to the circumstances of the child.</p> <p>Periodic dip samples are scheduled in the quality assurance timetable to ensure compliance with the actions set out above.</p> <p>Monthly reports to be reviewed by the Head of Service for QA & safeguarding.</p>	SM QAS/ Child Protection Chairs	Immediately			<p>Independent Chairs undertake Pre-conference consultations re: threshold and quality and Preparation for Conference Discussions with Social Workers to focus on preparedness for conference to ensure reports are completed, advocacy identified and additional needs identified and responded too.</p> <p>Mid-point and needs led reviews are expected and in place.</p> <p>Revision and development of reporting with QAS Management Information has been undertaken including development of the Score Card including for LADO and Individual IRO trackers to monitor performance are now in place.</p>	E

Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
5.4	Independent Reviewing Officers (IROs) will contribute to improved practice through their challenges and escalations particularly to reduce drift and delay and achieve permanence in a timely way.	<p>IRO's will use the formal 'resolution and escalation' process to ensure timely and effective children's care plans.</p> <p>IRO's will consistently track actions and oversee progress between reviews to ensure care planning is timely, focussed and achieves permanence for children.</p>	IROs	Immediately	Children will benefit from focused social work intervention and robust care planning decisions to support their long-term needs. Children will experience better quality services as a result of IROs ensuring good practice and outcomes. Decisions for children in relation to permanency planning will be timely.	There will be an increase in Resolution and Escalation alerts and responses to these alerts will be timely and lead to improved decisions and outcomes for children and young people.	<p>Formal resolution and escalation process is in place and is the subject of increased performance management oversight to ensure effective and timely use within a restorative framework by the service manager.</p> <p>Continue focus in this area is needed to ensure positive impact for children.</p> <p>See 3.3</p>	E

Priority 6 – A Stable and Able workforce

Ensure that strategic arrangements regarding workforce development and the organisational environment maximises staff recruitment and retention so that staff have the capacity and support to carry out effective social work practice.

Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	R A G
6.1	An effective workforce strategy will ensure a qualified and skilled permanent workforce that reduces reliance on agency staff and ensures capacity is sufficient to enable effective casework and management oversight. (para 7 FDFV)	The recruitment and retention strategy and action plan will be implemented to deliver immediate measures to support retention and reduce reliance on agency staffing including; new assistant social worker roles, a Market factor supplement for hard to fill social work posts.	SD/ All HOS	Sept 23	<p>Children will have fewer changes of social worker.</p> <p>Children will experience social workers who are knowledgeable and skilled.</p> <p>Children will be able to build meaningful and consistent relationships with social workers and not have to re-tell' their story.</p>	<p>Improved vacancy and turnover rates. Improvements to the quality of service provided to children as a result of stable long- term relationships with social workers will be evident through quality assurance and audit.</p> <p>Workforce will report higher levels of satisfaction and wellbeing.</p>	<p>Recruitment and Retention Strategy is in final discussions within Unions (17/4/23) and will be approved this week.</p> <p>Leaders for Practice group task are engaged with the development of the action plan. This was introduced in March 23 though some key elements have been delivered including;</p> <p>Final agreement for a retention payment for hard to fill social work posts; the creation of a new Assistant Social work role in the Children's Social Work service will happen 17/4/23.</p> <p>Recruitment of International social workers, 6 of whom have started working for Plymouth and a further 9 joining in May.</p>	

Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
6.1	The organisational and leadership culture will be consistent, restorative, inclusive and promote retention and staff wellbeing. (para 7; 27 FDFV)	<p>International Social Work programme will recruit 16 social workers by May 2023 and review need for second recruitment round beginning in October 2024. Leading Practice Groups with representation from all roles and service-areas will be implemented and provide a forum for meaningful inclusion in change and innovation.</p> <p>Restorative training will be delivered across the organisation, beginning with senior leaders and members and aligned with the partnership priorities</p>					<p>Restorative training has begun across the service as is a key element of cementing our organisational and leadership culture.</p> <p>New commercial roles have been proposed within the TOM that will support a modernised and improved recruitment approach and digital platform.</p>	

Ref No.	Desired Outcome for Children	Actions	Lead	Time scale/ Date	What difference will it make to children (impact)	How will we measure the difference to children?	Evidence of Progress	RAG
6.2	<p>The professional development strategy will be aligned with the identified priorities and need of the service and workforce. (para 27 FDFV)</p>	<p>Develop the Academy’s scope and professional development offer and progression pathway for professionals working directly with children, young people and families to ensure it is aligned with our priorities and their learning needs. Staff attendance at training events will be supported and ensured.</p> <p>Learning objectives from training will be set out in event prospectuses and made clear to supervisors and line managers who will give their staff opportunities to practice and develop their new skills.</p> <p>Refresh and relaunch induction arrangements for new starters so they receive a comprehensive Plymouth welcome,</p>	<p>PIL/ PSW/ SD</p>	<p>April 23</p>	<p>Children will experience improved services delivered by a stable, able and motivated workforce. Children will benefit from work that is better planned and delivered. Their social workers will develop a greater range of skills and techniques that can be used according to need.</p>	<p>The workforce will report improved levels of satisfaction and access to professional development.</p> <p>Quality assurance and audit will demonstrate the use of knowledge, research, evidence and skills in practice.</p>	<p>The workforce development offer and curriculum will be aligned to our improvement priorities and recruitment and retention goals and implemented by end April.</p> <p>The proposals within the TOM strengthen the capacity within the Professional Development space to ensure future growth of internal pipelines to social work and the development opportunities for all staff.</p> <p>Meetings scheduled for DCS , SD with University Plymouth and Plymouth Marjon University</p>	<p style="background-color: yellow;">R A G</p>

		<p>orientation and introduction our practice priorities and ways of working with local children, young people and families.</p> <p>Strengthen links and social work training and recruitment pathways with University Plymouth and Plymouth Marjon University</p>							
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