

**PRIORITY I – GOVERNANCE, LEADERSHIP AND MANAGEMENT;** The Chief Executive and Director of Children’s Services will ensure that governance, leadership and 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.

To be good; The leadership of the council, including the chief executive, lead member															
Risk register reference	Desired Outcome	Actions	Lead	Timeframe								How will we measure the difference to children and young people?	SEPT Monthly HoS update	RAG	
				23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar					
	I.1 Elected Members are well informed about service priorities and challenges and offer political challenge and support. Children will benefit from	I.1.1 Elected Members will attend the Plymouth Children’s Improvement Board chaired by the DCS from Dorset as our Sector Led Improvement Partners and provide challenge to progress of this Plan.	DCS	█									Statutory requirements, local policies and procedures will be complied with and good practice standards will be maintained. This will be evident within audit, dip sampling, management oversight and child level performance data.	Complete	█
		I.1.2 Elected Members’ will be involved in bi-annual Practice Weeks and observe services being delivered.	DCS			█								Complete - Member engagement is planned for November Practice Week	█
CYPF_RSK_11 CYPF_RSK_21	I.2 The CEO can ensure that the whole council supports children and young people by aligning resources and ensuring strategic plans are cross cutting	I.2.1 Agree and implement a priority resourcing plan responding to high workloads in practice and the need for increased capacity for Programme and Project Management	CEx	█									Resources requirements and plan for implementation agreed.	Additional resources for social work capacity in IRT and CSW have been agreed and implemented. The contract has been awarded for the CSW managed team and they will be operational from early November (TM - 30/10, SWs - 06/11). 6 Advance Practitioners for IRT are in post and workloads are reducing as assessments are completed and improved working practices are adopted, however some caseloads are still unacceptably high and this is addressed in full in the report presented to November Board. Additional Programme and Project Management capacity has been agreed. 2 project managers are in post, interviews are taking place for the remaining posts.	█
CYPF_RSK_23	I.3 Effective leaders and managers will ensure that priorities for the service and the standards to be achieved are clear and will lead, develop and motivate the workforce	I.3.1 Develop refreshed 6 month Improvement Plan priorities in partnership with the workforce	DCS	█									Priority action plan created with managers and practitioners and in place by 14/09/2023.	Complete - staff comms is planned this month	█
		I.3.2 Refresh all Service Plans with specific, measurable, prioritised actions that are clear on impact and outcomes and deliver the overarching priorities set out in this Improvement Plan.	SD			█								Plans will contain specific improvement targets for social work practice that have a positive impact on children and young people. All managers will ensure the workforce understand how their work impacts on priorities and are active in evaluating how their interventions positively impact on children’s outcomes	On track - Service Plans are being refreshed in line with this IP by 06/11.
CYPF_RSK_10 CYPF_RSK_12	I.4 The service Operating Model will provide the conditions for relationship-based, high quality services for children, young people and their families, with effective Early Help and	I.4.1 Introduce the Targeted Operating Model in a phased way and in a way that responds to the feedback from consultation with staff	DCS								█		Reduction in referrals into the statutory service and corresponding reduction in volume through the system. Stabilisation of the social work workforce with increased capacity for effective management oversight/supervision that will lead to improved performance and outcomes for children – improvement trajectories will be met.	The TOM consultation has now concluded and a phased approach has been agreed and is being implemented. .	█

	effective early help and Quality, Planning and Performance function providing a central intelligence focus for the business planning and infrastructure requirements of Children's Services that Children and Families will benefit from.	1.4.2	Recruit to key roles in an appropriately phased way, including the recruitment of the Quality Assurance, Performance and Planning Lead and additional Service Managers	DCS										Improved QA compliance and overall quality of practice. Improved evidence of timely effective management oversight and supervision Reduced caseloads, increased quality of social work practice, reduced numbers of social workers for children. Early Help being more readily available, A relentless focus on QA, including directly to schools.	On track - Recruitment to the QAPP function and other management posts agreed in the TOM is in progress.	
		1.4.3	Transition the Disabled Children's Team into the CYPFS	SD										Children with Disabilities will access the right level of support and intervention matched to their need.	On track - The additional agency Service Manager has started in Children's Social Work and the transition of the DCT to CSW is planned for the end of the October.	
CYPF_RSK_23		1.4.4	Commission our SLIP, Dorset, to carry out a review of practice within the DCT to inform the service improvement plan in CYPFS	HoS QAS											Planned for October	

**PRIORITY 2 - EARLY HELP, AND THE FRONT DOOR;** 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.  
**To be good;** Children, young people and families will be offered help when needs and/or concerns are first identified. The early help will improve the child's situation and supports sustainable progress. The interface between early help and statutory work will be clearly and effectively differentiated. Professionals identify children and young people in need of help and protection. They make appropriate referrals to children's social care and are able to access social work expertise and advice. There is a timely and effective response to referrals, including out of normal office hours and referrals to the designated officer. Professionals understand thresholds. This leads to children and families receiving effective, proportionate and timely interventions, which improve their situation.

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				23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar						
<b>EARLY HELP</b>																
CYPF_RSK_8	2.1 There is an agreed understanding and vision of each partners role in the provision of Early (Family) Help in the city which prevent avoidable escalation to statutory services that includes the wider offer (Family Hubs)	2.1.1	Provide thresholds training to all staff and partners 3 x per week for 12 weeks	HoS FD									We will see appropriate contacts and referrals into MASH	On track - Threshold training has been taking place through September and October and will continue. Attendance has been good from across the partnership.		
		2.1.2	Review, update and implement the partnership Threshold Document	PSCP										Monitoring conversion rates of contacts to referrals	Complete - The threshold document has been signed off by the Improvement Board in September 2023 and published on the PSCP website, it is being implemented within the training and contact to referral data is monitored closely.	
		2.1.3	Develop refreshed partnership multi-agency Early Help induction / workshops that includes Family Group Conferencing and mediation.	PSCP/HoS TS										Children will receive support earlier reducing the need for statutory support. All staff and partner agencies/ practitioners will understand how to utilise family, friend and community networks as part of their assessment and planning.	On track - In development with partners across Early Help System	
		2.1.4	Deliver regular multi-agency Early Help workshops across the children's workforce	HoS TS										All agencies will be able to provide appropriate advice, guidance and signposting to children and families so that children and families receive the support they need when they need it. We will see a reduction in inappropriate referrals to the MASH	On track - These have been taking place with good attendance and feedback. Early Help managers have identified partners/resources to deliver newly developed training which will start in November.	
		2.1.5	Allocate School Link Workers to schools and arrange initial meetings to set the baseline for children's attendance and well-being	HoS TS										Baseline will be set to ensure that we can monitor impact of support provided to families to include: Improved Attendance, Mobility, reduced timetables, exclusions and suspensions will be reviewed termly with each school Feedback from children and families and partners will be gathered at 3 and 6 months (March 2024) to evidence they understand where they can access support	On track - In place and initial meetings taken place. All schools will be visited by December with baseline data collected.	

	2.2	PCC and wider early help response is visible and accessible to families and partners	2.2.1	Review the Early Help Advice Line, implemented in January 2023, for impact and effectiveness and act in response to findings	HoS TS									Families know where they can get advice at a time that suits them. This will be evidenced through feedback forums and surveys and an increased use of the helpline. The response will be restorative.	On track - Helpline is established and feedback is good (emails). Working Group to be established by beginning of November 23 to include some young people and families who have accessed EH service to review content.	
			2.2.2	Task Family and Community Solutions with supporting the Early Help Advice Line with call back requests to enquiries for Family Group Conferencing and mediation.	HoS TS										Complete - FCS PM now meets weekly with the other PMs from EH to look at supplementing the current work. Data on increased take up to be provided next month.	
			2.2.3	Send a bi - monthly newsletter to all practitioners across Children's Social Care to provide insight into community-based services	PMFH's									Frontline practitioners can talk confidently about the availability of community services and support families to access them.	Complete - Family Hubs August newsletter circulated across multi-agency services, October newsletter in production.	
			2.2.4	Refresh and keep up to date Plymouth Online Directory (POD)	HoS TS									We will see an increase in the use of all forums. Parents can access support using a range of mediums that supports and encourages them to access help.	On track - A bi - monthly newsletter is sent to all practitioners across Children's Social Care to provide insight into community-based services to advice parents in December and the Web based online directory to be refreshed and kept up to date (POD).	
			2.2.5	Develop and refresh social media pages (Facebook / Instagram)	HoS TS									Parents will report they have improved knowledge and access to get support	On track - Facebook page is up and running with 323 followers, our posts reach approx. 473 people	
			2.2.6	Review and refresh Family and Community Solutions webpage	HoS TS										On track - Working Group to be established by beginning of November 23 to include some young people and families who have accessed FCS service to review content.	
			2.2.7	Refocus Family and Community Solutions (Family Group Conferencing and mediation services) on Early Help Targeted Response and reunifications for young people on Edge of Care	HoS TS									Consistent focus will be given to what family and community support is identified and can be drawn upon to prevent family breakdown at the earliest opportunity	On track - Referral data evidence a 51% increase in Early Help referrals for FGCs April 23-Sept 23 to previous six months.	
			2.2.8	One central online request for support for parenting programmes to go live	HoS TS									We see a reduction of duplication of work across the partnership	On track - and due to go live in October	
	2.3	Children receive the right support at the right time and staff feel confident to provide interventions that are evidence based and outcomes focused.	2.3.1	Train all Edge of Care, Community Based Assessment Team, Early Help and YJS staff to use the Outcome Star	HoS TS									We will be able to evidence impact and outcomes consistently across the service. Reporting of outcomes and distance travelled to be incorporated into performance score cards	On track - Two courses delivered and more booked in. Teams agreeing use of the Outcomes Star and beginning to test this in practice.	
			2.3.2	Support all staff above to use the Graded Care Profile 2	HoS TS									We see a clear and consistent response to neglect – appropriate referrals are made to provide intervention at EH to statutory level	On track - Training being delivered and review of the Neglect toolkit with practitioners is planned .	
	2.4	Systems will support effective case management and oversight of practice	2.4.1	Establish whether Eclipse can meet all of the requirements for early help case recording	HoS TS									Children and families have a team around them that provides the right level of support as needed	On track - 'Tell my story once' multi-agency task group leading on these developments. Exploring alternative options to eclipse as contingency if there is not the capacity to extend Eclipse to meet the wider requirements as a multi-agency system.	
			2.4.2	Scope alternative case management systems that can be used across the partnership	HoS TS									We will see a reduction of hand off's / referrals happening that creates delay, instability and anxiety for the family	Enquiries include investigating Right for Children used as Devon Early Help System. This will be addressed as part of planned Eclipse Phase 2 development	
CYPF_RSK_4	2.5	Children and young people are safe in our communities, and we identify and respond to children at risk of exploitation and crime	2.5.1	Work with at least 20 children per quarter to defer them from crime and prevent them from entering the criminal justice system.	HoS TS									The FTE rate remains below pre-Turnaround levels – (25.5% less than 2021 – 2022)	Complete - Since Turnaround (Impact) was introduced in February 2022 we have seen a 25.5% decrease in the FTE's as opposed to the England Average on 9% decrease. MoJ have received and reviewed performance and are happy with the progress to date	

		2.5.2	Implement daily risk meetings led by REACH / EoC to drive timely and informed responses and ensure alignment to statutory social work functions	HoS TS						Children at risk of missing / exploitation / entering the YJS are supported at the earliest opportunity.	On track - DIB ToR produced, the attendance at the meeting is good . Children are now tracked		
		2.5.3	Review participation in the Daily Intelligence Briefing to ensure that the right people are attending daily to respond appropriately	HoS TS						Routine dip sampling (weekly) will evidence we are responding appropriately to risk	On track - As a result of the DIB, we are currently mapping and monitoring 4 groups in the city involving 40 children and 10 adults with a multi agency response in place		
		2.5.4	Strengthen responses to children who go missing so that they are effective, well-co-ordinated and planned to reduce risk and mitigate against harm.	HoS TS						100% of children will be offered a return home interview within 72 hours of being found.	On track - 61% of RHIs are completed within 72 hours (65% national) and we have achieved an increase in attended by children and a reduction in the % of RHIs declined.		
		2.5.5	Complete the NWG Missing Benchmarking Tool to understand the city-wide response to exploitation	PSCP						We have a clear plan to improve the city's response to exploitation that will be developed by Strategic MACE	On track - on the agenda for the Strategic MACE 17/10/23 and at the missing tool workshop on 2/11/23		
		2.5.6	Develop the Missing and Exploitation Strategy and effective operational arrangements for adolescent safety, learning from action 2.5.5	PSCP						All agencies have clear guidance on how to recognise exploitation and how to support children appropriately reducing risk	On track - on the agenda for the Strategic MACE 17/10/23 and looking at development of the strategy in the MACE strategy meeting on 10/11/23		
CYPF_RSK_12	2.6 We have city wide data that supports us to understand the need of children and families	2.6.1	Meet with DHLUC / DFE and DELT to discuss data requirements for the supporting families programme and scope options and outline plan to progress	HoS TS						We have a citywide data set that is reviewed to ensure resource is directed where needed. Duplication of work is reduced. Resource / Capacity is maximised.	Initial meeting undertaken on 04 Sept 2023, Delt are examining options. This will be addressed as part of planned Eclipse Phase 2 development		
		2.6.2	Implement / Recruit / Procure resource to develop data system	HoS TS						New reporting system in place			
<b>MASH AND FRONT DOOR</b>													
CYPF_RSK_23	2.7 Plymouth will have an effective Front Door to Children's Services that signposts, supports and protects children according to their levels of need and within statutory timescales	2.7.1	Operational MASH group and Strategic MASH group to implement close oversight of the quality of multiagency practice and decisions	HoS FD						Daily DIP sampling and weekly audit	On track - MASH Ops Group has recommended QAS presence with input into the Dip Sampling schedule, planned to commence immediately - review in MASH Strategic Board on the 19th October. This will be a recurring action		
		2.7.2	Undertake quality assurance of contacts and referrals in MASH to understand decision making, use of consent, levels of need, information sharing, response to child sexual abuse and domestic abuse and act on findings	HoS QAS							Contacts and referrals have accurate consent, threshold applied and decision making	On track - MASH Operation group has been re-started, a schedule of dip sampling is in place. The QA&S Service Manager is attending the meetings to support the QA activity to be consistent and reliable.	
		2.7.3	Undertake quality assurance of children open to Initial Response Teams to evaluate quality and timeliness of assessments, decision making and use of Family Support Workers and act on findings	HoS QAS							Families receive a timely response which prevents needs from escalating and risk is identified and acted on swiftly	On track - Most of the dip samples achieved in Sept, awaiting final ones from HoS and SMs to complete the reports relevant to patterns and themes by end of October.	
		2.7.4	Undertake multi-agency training to ensure all statutory partners follow Working Together guidance to safeguard children by sharing information appropriately and timely.	HoS FD							Use of statutory assessment is proportionate to the needs of and risks to children	On track - To be reviewed within the October MASH Strategic Board around devising a plan of workshops/training at a Multi-agency level	
		2.7.5	Undertake development work with MASH TMs to ensure effective Strategy Meetings and Section 47 enquiries to safeguard children	HoS FD							Effective use of Section 47 Strategy Meetings to safeguard children evidenced in dip sampling and audit	On track - MASH Ops to commence a plan of multi-agency QA of effective use of strategy discussions and how these are used to inform the planning and assessment of significant risk of harm around children - November MASH Ops	
	2.8 Management Oversight is effective and evident on children's files.	2.8.1	Update the MASH manual to clarify practice standards and processes, including regarding consent	HoS FD						Quality Assurance, Dip Sampling and Performance Dashboard demonstrate improved consistency and quality of practice	Complete - The MASH Manual has been updated alongside the revised threshold document and will be rolled out in staff learning and development to 100% of staff		
	2.9 Children's concerns, safety and needs will be treated with care and diligence and any intervention applied to them and their families	2.9.1	Set standards with MASH staff that Initial assessments are added onto Eclipse within 24 hours of referral	HoS FD						Timely and quality assessments inform interventions for children and their families	Complete - Data shows 100% compliance on assessment start timescale		
		2.9.2	Set standards with MASH and IRT Managers that they outline on the assessment form the significant areas for SW to cover, timescales in which a child should be seen, assessment review date and assessment end date	HoS FD							Complete - Assessment workflow is now commenced within the MASH and sent to IRT for progression.		

		2.9.3	Develop the PSCP Case Resolution Protocol to include a 'Rapid Resolution Protocol' for the MASH	HoS FD							Supervision frequency monitoring	Complete - A tracker is now in place with regard to rapid resolutions and reported to the Operational and Strategic MASH groups.	
		2.9.4	Implement the revised Case Resolution Protocol across the partnership	PSCP								Complete - The resolution protocol is in presentation slide pack for the Professionals Enquiry Training Workshop and it is being discussed.	
	2.10 Management oversight of supervision of social workers in the MASH will ensure the right decisions are consistently being made for children. Children will receive a consistent, equitable response to their needs and any risks to them. Children's outcomes will improve as a result of signposting or intervention.	2.10.1	Operational MASH Group will undertake 20 dip samples per fortnight of: Referral to NFA; re-referrals; threshold decisions; consent and repeat contacts and act on findings	HoS FD							Partnership engagement via the MASH Strategic Group is evidenced to be strong and consistent	Complete - The partnership are strong and visible within the board with full participation in the production of the threshold and consent training. This is evidenced through regular attendance at the right level and has provided for improved relationships and a more joined up approach to safeguarding and the required improvements	
		2.10.2	Managers will use supervision format to focus on quality of practice and decision making	HoS FD							Dip sampling and audit will monitor the consistency and quality of practice	Complete - Dip sampling has commenced within the MASH Operational Board with the moderation and themes overseen within the Strategic Board. A representative from QAS is involved with the focus and learning so that previous concerns in relation to an absence of appropriate focus and drive has been rectified.	
		2.10.3	Hold Strategic MASH group monthly	HoS FD							Front Door Improvement Board and Strategic MASH Group will monitor progress against KPI's	Complete - monthly meetings taking place. SLIP attending to review.	
	2.11 Children will be protected outside of office hours by a team that is staffed and led by qualified experienced social workers and Children will receive a	2.11.1	Incorporate an OOH manual to be into the MASH manual reflecting commonalities with MASH process and outlining the different approaches needed outside usual working hours	HoS FD							The Front Door Improvement Board will provide oversight of operational multi-agency functioning HOS will undertake a review of the effectiveness of Front Door arrangements	On track	
		2.11.2	Ensure Section 47 Strategy Discussions happen out of hours where there is a need for safety planning and a threshold is met of reasonable cause to suspect significant harm.	HoS FD							Dip sampling will be undertaken in October	On track - this is planned and findings will be identified and shared next month	
CYPF_RSK_5	2.12 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 and access to specialist DA practitioner in the MASH.	2.12.1	Implement Triage of domestic abuse referrals to the MASH and record utilising a standardised domestic abuse tool (DASH)	HoS FD							Audit and quality assurance will demonstrate high quality, purposeful and timely intervention to improve safety and sustain change. We will have services in place which provide safety when risks are first identified.	On track - this is planned and findings will be identified and shared next month. On track - Procurement activity has begun regarding the commissioned DASV service following Plymouth VAWG commission review and findings in 2021. This will include enhanced co-location and co-working opportunities. This is due to conclude by December 23. 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	
		2.12.2	Commission a Domestic Abuse Service co-located in the MASH	HoS FD									
CYPF_RSK_23	2.13 Timely and effective decision making is sustained leading to the right help being provided when it is needed	2.13.1	Work with SLIP Dorset to ensure improvements to processes and decision making in MASH and the front door are sustained	HoS FD							Data and quality assurance evidence support timely and effective decision making and help for families.	Further support planned during October to ensure progress is maintained and MASH and to review IRT remedial plan.	

**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 so that children are safe and drift is prevented. Children and young people will have greater involvement in the deliver of their care.

**To be good;** Children and families will experience child protection enquiries that are thorough and lead to timely action, which reduces the risk of harm to children. Allegations of abuse, mistreatment or poor practice by professionals and carers are taken seriously. Steps are taken to protect children and young people and the management of allegations against staff is robust and effective. Assessments and plans are dynamic and change in the light of emerging issues and risks. Assessments (including early help assessments) are timely and proportionate to risk. They are informed by research and by the historical context and significant events for each child. They result in direct help for families if needed and are focused on achieving sustainable progress for children. Help given to families is proportionate to the level of need. Information-sharing between agencies and professionals is timely, specific, effective and lawful. Children in need of help and/or protection have a plan setting out how they will be helped, how their needs are going to be met and how risk will be reduced within the timescales appropriate for the child. If families refuse to engage, clear contingency plans are in place. These are based on the assessment of need and risks to the child. Action is taken to avoid drift and delay. Plans and decisions are reviewed. Alternative decisive action is taken if children's circumstances do not change and the help provided does not meet their needs, or the risk of harm or actual harm remains or intensifies. Children and young people are protected through effective multi-agency arrangements. Key participants attend multi-agency meetings (for example, case conferences, strategy meetings, core groups and multi-agency risk assessment conferences). These meetings are effective forums for timely information-sharing, planning, decision-making and monitoring. Actions happen within agreed timescales and the help and protection provided reduce risk and meet need. Decisions are made by suitably qualified and experienced social workers and managers. Actions are clearly recorded. Systematic and high-quality management oversight of frontline practice drives child-centred plans and actions within the timescales appropriate for the child. Effective and timely planning, support and decision-making takes place during pre-proceedings work. Children, young people and families benefit from stable and meaningful relationships with social workers. They are consistently seen and seen alone by social workers if it is in the best interests of the child. Practice is based on understanding each child's day-to-day lived experience. Children are safer as a result of the help they receive. Children and young people are listened to. Practice focuses on their needs and experiences and is influenced by their wishes and feelings. Children, young people and families have timely access to, and use the services of, an advocate. Feedback from children and their families about the effectiveness of the help, care or support they receive informs practice and service development. Neglect, sexual abuse, physical abuse and emotional abuse are effectively identified and responded to. Children and young people who live in households where at least one parent or carer misuses substances or suffers from mental ill-health, or where there is domestic violence, are helped and protected. Social workers recognise the factors that can make children more vulnerable and tailor their interventions appropriately. This includes, but is not limited to, disabled children, children who are privately fostered, children not attending school, vulnerable adolescents and children at risk of radicalisation or exploitation or becoming involved in gangs. Children and young people who are missing from home, care or full-time school

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CYPF_RSK_11	3.1 Consistently good Practice Standards are achieved across services	3.1.1 Refresh whole service Practice Standards	HoS QAS									Evidence in Performance Scorecard and quality assurance of improved compliance and quality of key practice areas. Audits will demonstrate an understanding of practice standards and that responses for children and young people adhere to these.	Complete - achieved by a working group from across the service	Green	
		3.1.2 Launch Practice Standards to practitioners and managers in lunch and learn sessions	HoS QAS										On track - Practice Standards launched at Oct 5th Leaders for Excellence session with video from young people.	Yellow	
		3.1.3 Communicate Practice Standards through supervision, team and service meetings	HoS QAS										On track - Expectation made clear at Leaders for Excellence session that the Standards are embedded within service and team meetings during October, model for doing this displayed at the Leaders for Excellence session. Link to video circulated 9/10/23	Yellow	
		3.1.4 Plan and deliver workforce development in each service area to ensure priority Practice Standards are met	HoS FD, HoS CSW, HoS Perm										On track -This is taking place	Yellow	
		3.1.5 Provide a fortnightly development programme on our practice priorities, including practice standards, through the Leaders for Excellence programme for Team Managers, Independent Chairs and Service Managers facilitated by the Academy and HoS	HoS QAS										Complete - Fortnightly Leaders for Excellence programme commenced 7th September. Session themes are our practice 'obsessions.' The practice improvement actions set within the sessions will be reviewed within later sessions.	Green	
		3.1.6 Embed Practice Standards in audits and the November Practice Week	HoS QAS										On track - proposal for November Practice Week agreed by SMT on 9/10/23	Green	
CYPF_RSK_11	3.2 Policies and procedures are reviewed regularly and keep pace with legislation, statutory guidance and good practice so that children benefit from consistently high standards of practice	3.2.1 Recruit a permanent Policy Officer as part of the new delivery arrangement	HoS QAS									Policies will be up to date and improved adherence to best practice expectations will be evident through audit.	On track - Role will be graded by the 31st Oct, purposeful delay because the post was being considered for those whose roles are being deleted as a result of the TOM	Yellow	
		3.2.2 The new Policy Officer will complete a wholesale review of policies and procedures, including TriX and produce a schedule for the updating of these, with priority sequencing	HoS QAS										On track - In the interim the PSW is supporting this action by archiving all out of date policies that have been replaced and producing a tracker of policies that are in date and those that need updating	Yellow	
		3.2.3 The Policy Officer will update all policies and procedures in line with legislation and statutory guidance in collaboration with practitioner support task and finish groups	HoS QAS										On track	Yellow	
CYPF_RSK_11 CYPF_RSK_17	3.3 A clearly articulated and coherent restorative, strengths-based and trauma-informed practice approach will underpin the quality and consistency of practice.	3.3.1 The Social Work Academy will systematically embed the revised Practice Standards in its workforce development offer	HoS QAS								Staff will consistently demonstrate the practice approach with children and families, this will be evidenced via the quality assurance framework Feedback from practitioners, managers, children, young people and families and quality assurance activity will evidence high quality relational and restorative practice	On track - Academy is completing a self assessment and a revised workforce plan by Oct 31st which will incorporate this.	Yellow		
3.3.2 Review Restorative Practice training and impact		HoS QAS										On track. Meeting with Mark Finnis 11th Oct. Joint review of training completed and outstanding now in place.	Yellow		

		3.2	Review Academy offer in line with findings of above action, and evidence from quality assurance, and TNA with staff.	HoS QAS										On track	
<b>CHILD PROTECTION PRACTICE</b>															
CYPF_RSK_11	3.4	Children at risk of significant harm are identified and responded to effectively without delay.	3.4.1	Focused work with Team Managers and CP Chairs to ensure Initial children protection conferences are convened within 15 working days of the strategy discussion at which it was decided to initiate a Section 47 enquiry	HoS FD/HoS CSW, HoS QAS									Performance data will evidence that timely ICPCs are protecting children from experiencing the adverse impacts of repeated exposure to harm and trauma. Target: 90%	Still maintaining 100% though Business Support capacity is impacting on the availability of Strategy meeting minutes and workloads in IRT are impacting on the timeliness and availability of reports for ICPCS. New temp arrangement in place for ICPCs to be booked at the end of Strategy meetings when Sect 47 decision made
	3.5	Thresholds and decisions regarding intervention for children previously subject to child protection plans are appropriate and based on high quality assessments and analysis and SMART plans.	3.5.1	Development work with Independent Chairs to hold pre-conference consultations for social workers and team managers for reflection on level of need and appropriate care planning.	HoS QAS									Performance data will measure decision making relevant to child protection planning, this will evidence that only children at significant risk of harm will be made subject to a CP plan.	Pre-conference consultations now in place, have brought these forward to take place during the sect 47 enquiry to support decision making. (they were previously held after the sect 47enquiry decision had been made which was confusing the data). 98% of children subject to ICPC are made the subject of a CPP.
			3.5.2	Standard set with Independent Chairs to record these conversations on children's case files	HoS QAS									Quality assurance dip sampling of the recorded conversations by service manager will provide evidence of the impact of the IRO footprint on practice and decision making.	On track - Consultations recorded in case notes. SM QA activity of last 10 consultation case notes will be completed by 18/10/23
	3.6	Team Managers will be restoratively supported to develop their practice so that children benefit from managers leading best practice across their teams.	3.6.1	Deliver a fortnightly Leaders for Excellence programme for Team Managers, Independent Chairs and Service Managers, facilitated by the Academy and HoS, to provide a fortnightly development programme in alignment with our Practice Standards and practice improvement priorities.	HoS QAS									Quality assurance activity will evidence a consistent application of child centred, restorative and outcome focused practice for children	On track - Commenced 7th Sept. 21st Sept focus was assessments, 5th Oct session was child summaries, visits and practice standards. Learning from and building on practice strengths: child summary data was 44.9% now 82.9%, Planned actions agreed to address visit performance (Visit data is: early help 24.1%, CIN 51.9%, CP 73.7%, CIC 80.5%)
	3.7	Good practice and effective management oversight mean that proceedings are issued when necessary and without delay.	3.7.1	Embed pre-proceeding and care proceedings data into the dashboard to avoid manual data collections and enable better analysis of outcomes and timescales and to inform practice improvement	HoS CSW									Data will show the rate of progression through PLO and the pre-proceedings process is commensurate with the 16-week maximum timescale	Manual process to record data in place as an interim arrangement. This will be addressed as part of planned Eclipse Phase 2 development
			3.7.2	Complete the Essex Pre-proceeding self-evaluation toolkit to inform practice improvement and the LFJB Learning Event in November	HoS CSW									Improved quality and performance	On track - Planning in place with Legal and CAFCASS supported by Court Progression Officer. On track for end of November ahead of away day 12/12/23
	3.8	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. Children will not spend prolonged period of times in the pre-proceedings process and there will be robust responses to their needs	3.8.1	Develop clear Terms of Reference for 4 weekly Pre-Proceedings review meetings to set out clear expectations about the purpose and aim of this meeting	HoS CSW									Quality and timeliness of the Pre-proceedings	On track - SM has target to complete in October
			3.8.2	Complete 4 weekly reviews of all children in pre-proceedings, to create an action log to review progress, ensure timely support and intervention, ensure Pre-Proceedings letters and minutes of Pre-Proceedings are saved on the child's file and clear actions set in all cases.	HoS CSW									Data will show an increased proportion of children stepped down successfully to CP reflecting effective pre-proceedings intervention.	Complete - In place tracked by Court Progression Officer, also extended to children open to IRT and CDT
			3.8.3	Evaluate the impact of the 4 weekly review meetings to ensure the swift initiation of the legal process, for children that need it and which are supported by good assessments and effective managerial oversight and support.	HoS CSW									Evidence from data and quality assurance of the swift initiation of the legal process, for children that need it and which are supported by good assessments and effective managerial oversight and support.	On track
			3.8.4	Issue a practice note to Teams to save Pre-proceedings letters on children's case records with evidence of the discussion and evidence that legal advice has been sought.	HoS CSW									All letters placed on children's records (100%). Measured through dip sample	Expectations have been set with all Teams at the Family Proceedings Board. Completion being assured through four weekly tracking meetings. Dip sampling of letters before action to be completed next month.

		3.8.5	Family Proceedings Board chaired by HOS CSW to meet every 6 weeks to look at practice together as a system with legal and will feed into the LFJB	HoS CSW														Complete		
		3.8.6	Establish Unborn Baby Panel with Adopt South West in attendance, to ensure children's assessments, intervention and plan is progressing to ensure early permanence for children	HoS CSW														Reduction in the numbers of under ones coming into care and pre-proceedings	On track - ToR drafted for sign off on 16/10 with all Board members and first Panel taking place where all 54 UBBs will be reviewed. Review mechanism will be agreed depending on complexity.	
	3.9	Management oversight of social work will ensure Children will benefit from a timely and relationship-based service from social workers that ensures the right help at the right time. Effective case management will support practitioners to achieve manageable workloads and consistently good practice.	3.9.1	Practice Standards set out the requirement that management oversight is recorded on each child's file at prescribed intervals, or more frequently when necessary,	SD CYPFS													Management 'grip' demonstrates understanding of the child's needs and how the plan will meet them. Records will show effective case management direction, actions required to safeguard and support children and timescales TARGET: 75% of audit evidences children records showing good management oversight	The Practice Standards and Supervision policy set out the expectations for frequency of children's supervision. These have been reissued to staff. Whilst performance is improving in most areas some teams are experiencing high workloads and manager absence. Plans are in place to see further improvements by the end of October to mitigate the risks.	
		<input type="checkbox"/>	3.9.2	Implement Performance Boards in each service area to ensure Team and Service Managers use performance management information weekly and supervision to understand and take action to manage the complexities of individual social workers workloads.	ALL HoS													Social Workers will report that workloads are mostly manageable and managers understand and respond to their pressures.	These are in place weekly and TMs/SMs are using data to performance manage progress in the teams on the seven 'obsessions'. Progress seen in completion of case summaries from 45% April 23 to 83% current.	
		<input type="checkbox"/>	3.9.3	Implement Practice Standards to ensure timely allocation of work which includes effective management direction for practitioners	ALL HoS													Quality assurance and audit activity will demonstrate quality of assessments and plans. Allocation data will show timeliness	On track - Commitment given by managers at Leaders for Excellence to cascade Practice Standards into service and team meetings this month.	
	3.10	Assessments which are timely, comprehensive, holistic and analytical will lead to well-timed	3.10.1	The Social Work Academy will produce a revised training offer on the quality of assessments, which includes the 'safe uncertainty' model. This will be finalised at the Leaders for Excellence session on 21/09	HoS QAS													Performance data and monthly quality of practice graded audits will show whether assessments are achieved according to the child's needs, wishes and feelings and timescales	Complete - Revised training offer completed and shared at the 21st Sept Leaders for Excellence session	
		appropriate support and intervention for children and families	3.10.2	The revised training offer on assessments will be delivered to all SW Teams	HoS QAS														On track - The revised assessment training offer is now part of the programme offer, ASYEs, new international SWs and new recruits are being prioritised for this	
			3.10.3	Undertake quality assurance activity to evaluate whether assessment practice is now 'good'. Take actions on findings as needed	HoS FD, HoS QAS														On track - planned	
	3.11	Chronologies to be used as an analytic tool within assessments to enable patterns and capacity to change in families to be considered	3.11.1	The SW Academy will review its chronology training in line with the Eclipse chronology tool	HoS QAS													Children's lived experience will be clear which will inform assessment and enable the development of purposeful outcome focused plans that ensure that children experience sustained positive change	On track - the team is working with Eclipse to understand the eclipse tool so that this can be incorporated into the training	
			3.11.2	Refreshed chronology training will be completed by every SW team	HoS QAS														On track	
			3.11.3	Practice Standards will include that all assessments are updated whenever significant events occur in a child's life	SD CYPFS														Quality assurance would evidence improved quality of single assessments across CSW/Edge of care and permanency service, which will better inform planning for children.	Complete - This has been included in the Practice Standards which have been relaunched to managers and cascaded to teams. Impact to be evaluated in planned QA
	3.12	Children's plans that are developed and reviewed in a timely manner, are comprehensive and SMART.	3.12.1	The Leaders for Excellence programme will provide targeted development for managers and Independent Chairs on SMART plans for children	HoS QAS													The quality of plans will be evident via monthly audits and improvement actions will ensure that best practice is achieved for children	On track - This is booked for the 19th Oct, Karen Blake is leading the session with Academy support	



		Child in Need and Core group meetings include relevant professionals and are purposeful in ensuring that plans are implemented and effective. Children will recognise that they and their family are able to contribute to and influence plans.	3.12.2	Relaunch and fully implement the Child In Need Framework across all Children's Social Work Teams	HoS CSW						Children will have regular multi- agency reviews and we will see a reduction in the length of time children are open to the service	On track - CIN Tracker meetings are already in place four weekly to ensure timely progress of CIN Plans. SM Lead identified and framework is being updated for final sign off at SMT on 6/11/2023 ahead of implementation.
CYPF_RSK_2	3.13	Children will be better protected from the cumulative harm and acute risks of neglect because Social work practice will be well-informed and confident to ensure identification and effective responses	3.13.1	Produce a Neglect Strategy agreed by the PSCP Board	PSCP						Audits and managers' quality assurance activity will demonstrate high quality, purposeful and timely intervention to improve safety and sustain change where neglect is a primary concern.	On track - The Neglect Strategy Group is now in place, and is part of the wider creation of 5 one page strategies with practice guidance and toolkits being launched by the partnership early 2024. The Partnership manager is driving the completion of the Strategies by mid Nov.
			3.13.2	Deliver training on the use of the Graded Care Profile across the Partnership to embed the neglect tool	HoS QAS						Multi Agency Audits will evidence use of the tool and improved planning and outcomes where neglect is a concern	On track - Training is now being delivered to the partnership as the trainers have been trained from across the partnership
CYPF_RSK_3	3.14	Children will be better protected and supported from the harm of child sexual abuse, from being identified through to long term recovery work.	3.14.1	PSCP task and finish group to develop and implement a strategy and training to improve the city-wide response to children at risk of child sexual abuse, from being identified through to long term recovery work.	PSCB HoS FD						Quality assurance evidence that child victims of sexual abuse will be offered a full range of support both in the short term and in the longer term.	On track - Strategy due for completion by mid Nov. Guidance and tools to follow.

**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 and their outcomes are met. We maintain trusting relationships with our care leavers, help them to understand their histories and support them to be safe and develop the skills and confidence they need to become independent and successful adults,**

**To be good;** Children and young people become looked after in a timely manner and in their best interests. Decisions that children should be in care are based on clear, effective, comprehensive and risk-based assessments, involving, if appropriate, other professionals working with the family. If it is not possible for children to return home, suitable and timely plans for permanence are made for them to live away from the family home. If the plan for a child is to return home, there is purposeful work carried out with the family so that it is safe for the child to return. Further care episodes are avoided unless they are provided as a part of an appropriate plan of support. The wishes and feelings of children, and those of their parents, are clearly set out in timely and authoritative assessments and applications to court. Assessments of family members as potential carers are carried out promptly to a good standard. Children's care plans comprehensively address their needs and experiences, including the need for timely permanence. Children's plans are thoroughly and independently reviewed with the involvement, as appropriate, of parents, carers, residential staff and other adults who know them. Plans for their futures continue to be appropriate and ambitious and consider how they will be supported and prepared for the experience of leaving care. Children are seen regularly and seen alone by their social worker and children understand what is happening to them. Children have positive and stable relationships with professionals and carers who are committed to protecting them and promoting their welfare. Children in care are helped to understand their rights, entitlements and responsibilities. They know how to give feedback or complain and understand what has happened as a result of their complaint. Their complaints are treated seriously and are responded to clearly. Children and young people have access to an advocate and independent visitor when needed. The local authority celebrates the achievements of children in care. It shows it is ambitious for their futures. Children in care and care leavers are well represented by a Children in Care Council or similar body, which is regularly consulted on how to improve the support for these children and young people. Children in care are protected or helped to keep themselves safe from bullying, homophobic behaviour and other forms of discrimination. Any risks associated with children in care offending, misusing drugs or alcohol, going missing or being sexually exploited or exploited in any other way are known well by the adults who care for them. Children receive help to reduce the risk of harm or actual harm. Children are safe and feel safe. They are helped to understand how they can keep themselves safe. Children in care are in good physical and mental health, or are being helped to improve their health. Their health needs are identified and met. Children and young people make good educational progress at school or other provision since being in care. They receive the same support from their carers as they would from a good parent. Children and young people who do not attend school have prompt access to suitable good-quality registered alternative provision. There is regular review of their progress. Urgent action is taken if children are missing from education or if their attendance reduces. Children and young people enjoy what they do and have access to a range of social, educational and recreational opportunities. Adult carers have suitable delegated authority to make prompt decisions about children's day-to-day lives. Children and young people are safe and settled where they live. They move only in line with care plans, when they are at risk of harm or are being harmed. They do not live anywhere that fails to meet their needs. They are able to live with their brothers and sisters when this is in their best interests, including when they are adopted. Children and young people have appropriate, carefully assessed and supported contact with family, friends and other people who are important to them. Children who live away from their 'home' local authority have access to education and health services that meet their needs as soon as they move outside of their 'home' area. Placing local authorities notify the 'receiving' local authority that a child is moving to their area promptly and ensure that services are in place to meet the child's needs before the child moves. There is a sufficiently wide range and choice of placements available to meet the needs of children in care. Effective recruitment, assessment, training and support of carers (including, as appropriate, foster carers, adopters, special guardians and residential staff) ensure that children and young people receive high-quality, safe and stable care that meets their diverse needs. All agencies and professionals work together effectively to reduce any unnecessary delay in receiving support and achieving permanence for children. Children are effectively prepared for, and carefully matched with, a permanent placement. Their wishes and feelings influence the decisions about where they live. Children are helped to develop secure, primary attachments with the adults caring for them. They are helped to understand their life histories, experiences and identities. The accessibility, style and clarity of case records enhance the understanding that children in care have about their histories and experiences. Adoption is considered carefully and promptly for all children when needed.

**Care leavers** have positive, trusting and stable relationships with personal advisers, carers and other professionals. Professionals are committed to protecting them, promoting their emotional health and well-being, acting in their best interests and helping them to understand what is happening in their lives. They are ambitious for young people's futures and celebrate their achievements. Care leavers are supported to maintain relationships with people who are important to them (for example, family, friends, carers, former carers and professionals). They have strong social networks that they can rely on when they need support, and that keep them from experiencing loneliness and isolation. These relationships and social networks endure into adulthood. Care leavers have access to a range of social and recreational opportunities that help them to create and maintain supportive and positive relationships with people that are important to them and to feel a part of their community. Professionals create a culture where young people want to keep in touch. Social workers and/or personal advisers are proactive in creating opportunities to engage with care leavers, including those who are not currently in regular contact with the local authority. The level of engagement

Timeframe

SEPT

Risk register reference	Desired Outcome	Actions	Lead	23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar	How will we measure the difference to children and young people?	Monthly HoS update	RAG
THE RIGHT HOME FOR EVERY CHILD AND YOUNG PERSON													
CYPF_RSK_15	4.1 Every effort will be made to support children to continue living with their families wherever possible.	4.1.1 Complete a 6 month review of impact of Children's Resource Panel on decisions to initiate care proceedings or bring children into care and on unplanned entrants into care	SD CYPFS								Review will analyse the plans brought to panel against decisions made and outcomes achieved. Data and analysis to inform learning and development of practitioners.	Not yet due	
CYPF_RSK_9	4.2 Where children and young people cannot safely live with their birth parents, every effort will be made to support children to continue living within their wider family or community.	4.2.1 Fostering Team to deliver refresher training on Connected Carers and Viability Assessments to all CSW and Permanence Teams	HoS Perm								Children's Resource Panel will oversee and track decisions to take children into care or initiate legal proceedings, ensuring family are considered first. Analysis of data for children in care with connected persons. Dip sample of Viability Assessments considered to be negative	On track - training is taking place Team meetings. Dip sampling will be planned by SM/HoS this quarter to evaluate impact, including negative viabilities.	
CYPF_RSK_9		4.2.2 Produce business case for Special Guardianship Support Team and present to DMT	SD CYPFS									Analysis of the data for those children and young people living in Reg 24 arrangements and exiting to SGO or remaining as Connected Carers. Analysis of data for those exiting long term care to SGO with former foster parents or connected persons. Longitudinal study of outcomes for children/young people subject to SGO, including re-entry to care numbers due to SGO breakdown	Behind schedule - due to SM sickness. However, SM has returned to work and it is agreed that a costed proposal is presented to SMT on 6/11/23 and onto DMT 15/11/23
CYPF_RSK_9	4.3 Children and young people who need to be in our care, will live in the right home with a family or carers who can meet their needs. Family based care that is in or close to Plymouth will be the first option for children and young people.	4.3.1 Amend Terms of Reference for Children's Resource Panel and issue to all Teams. To include; 1) That all unplanned admissions to care to be agreed only by the Service Director and presented at the next Children's Resource Panel; 2) All new requests for residential placements to CRP, 3) All change of placement with an increased cost to CRP. and 4) Tracking of progress for all children and young people identified for step down/step forward from residential care.	SD CYPFS								6m review of Children's Resource Panel placement sufficiency data, including numbers in residential MTFP tracker. Data used to monitor stability of placements Number of unplanned moves will reduce. Use of unregistered arrangements will reduce.	Complete - Newly focused Children's Resource Panel ensures Service Director has line of sight and oversight of care entrants, that legal processes are initiated when threshold is met and oversight of high cost placements	
CYPF_RSK_9		4.3.2 Implement tracker of children and young people identified for step down/step forward from residential to ensure children's step down plans progress to agreed timescales and financial impact is monitored.	SD CYPFS								Children's step down/step forward plans will progress by the target dates	Complete - Tracker has been established and populated with information about specific children with agreed step down plans. Progress is tracked at CRP each week.	
CYPF_RSK_9		4.3.3 Work with providers to finalise opening of 2 block contract provisions and identify the children and young people who need these homes (Falcon Lodge (Keys) and Merrivale (Pivotal/Parallel)).	HoS Perm									Feedback from young people and Housing performance data	Complete - Falcon Lodge (2 bed) was inspected by Ofsted on 11/10/23 and we are hopeful this will enable them to open by end October once inspection outcome is confirmed. One young person is identified to move in once registration is confirmed.. Merrivale opened in Sept and 7 young people have moved in (3xU18 and 4x18+). Two more young people have plans for phased admissions.
CYPF_RSK_1 CYPF_RSK_9 CYPF_RSK_15		4.3.4 Revise Sufficiency Strategy based upon a detailed analysis of need of all children likely to be in the looked after system and emerging trends of demand and present to DMT	HoS Perm								Data used to monitor stability of placements. Number of unplanned moves will reduce. Use of unregistered arrangements will reduce.	On track - A revised Sufficiency Strategy is in draft and will be completed during October. We have 5 young people currently placed in unregistered arrangements. 2 have placements identified, (1 is moving to Falcon Lodge) and 3 YP do not yet have a registered placement identified.	
CYPF_RSK_16 CYPF_RSK_9		4.3.5 Update and implement a comprehensive fostering recruitment and retention strategy	HoS Perm								Increase in % of children placed with foster carers close to Plymouth	On track - an updated fostering recruitment strategy and action plan is being finalised for presentation at SMT in November.	

CYPF_RSK_16 CYPF_RSK_9		4.3.6	Develop a proposal, to be presented to DMT, for the In House Fostering Team to pilot a step-forward model (such as resilience fostering) for children stepping down from residential placements.	HoS Perm						MTFP Tracking of those children and young people in residential who have plans to move into foster homes	On track - We have trialled approaches of enhanced support to our foster carers which has successfully enabled three children to step down from residential care. The learning is being developed into a proposal for an agreed approach as part of our fostering sufficiency plans This will come to SMT in November.	
	4.4 Children and young people in care will enjoy permanence in stable, happy homes where they are securely matched and will aspire and achieve	4.4.1	Team Managers will review all cared for children who have been in their foster homes for over six months with a permanence plan of long term fostering to ensure that the Matching process is progressed or a decision to search for a long term placement made if matching is not appropriate.	HoS Perm						Children's cases will be tracked to ensure plans for children are correctly recorded and progressed  IROs will monitor and report through mid-point and statutory reviews	On track - All relevant children are currently being reviewed to ensure they are formally matched. This will be completed this month and data to evidence progress will be provided next month..	
		4.4.2	Team Managers will review the recorded permanence plan for all cared for children and young people to ensure that the permanence planning process is followed and the correct permanence plan recorded on Eclipse.	HoS Perm						Children's cases will be tracked to ensure plans for children are correctly recorded and progressed  IROs will monitor and report through mid-point and statutory reviews	On track - SMs and TMs reviewed all relevant children during Sept and actions identified are being progressed with oversight by TMs	
	4.5 Young people seeking asylum will be placed in a suitable home and their needs met within the 5 day transfer requirement. Young people seeking asylum will be well supported to settle in Plymouth and secure their legal status.	4.5.1	Recruit Agency Social Worker with UASC experience to establish processes within the permanence service for direct allocation of young people seeking asylum directly from MASH	HoS Perm						Young people will have fewer changes of social worker. Data for timeframe from NTS referral to placement.	On track - Because of difficulties recruiting SWs it has been decided we will recruit two FSWs to support our own SWs with key practical tasks. This will enable our own workers to develop expertise in this area. Age assessment training is planned for 8/9th November.	
		4.5.2	Amend Transfer Process to direct allocation of young people seeking asylum directly from MASH	HoS Perm						Young people will have fewer changes of social worker. Data for timeframe from NTS referral to placement.	On track - To be implemented in November (dependent on action above).	
		4.5.3	Launch the UASC Participation animation across all services and with wider partners	HoS Perm						Staff will have a greater understanding of the lived experiences and need of young people seeking asylum Feedback from young people	Complete - The animation is complete and will be shared at the Corporate Parenting engagement event in November 23	
CYPF_RSK_9	4.6 We will always review whether children and young people still need to be in our care and prioritise reunification to parents or wider family where this is possible	4.6.1	Team Managers and Service Managers to review all children and young people placed with parents to determine if they can be discharged from care.	HoS Perm						Children will not be subject to PWP for over 6 months without a plan to discharge from care or be placed in a more suitable arrangement.  IROs will monitor and report through mid-point and statutory reviews Feedback from children, young people and carers	On track - Initial review by Service Managers of all relevant children has been completed and has identified 10 children who no longer needed to be in care, legal planning meetings have been held and discharge proceedings are progressing for 5 young people.	
CYPF_RSK_9		4.6.2	Team Managers (social work and fostering teams) to review all children and young people placed with Connected Carers to determine if they could now progress to SGO with appropriate support.	HoS Perm/ HoS CSW						Children will not be in care where they can safely live with family under SGO. IROs will monitor and report through mid-point and statutory reviews Feedback from children, young people and carers	On track - SMs and TMs reviewed all children during Sept and actions identified are being progressed to ensure permanence plans are recorded correctly. All 22 children placed with connected carers have been reviewed, 2 children are now subject to SGOs and 5 children are in SGO assessment.	
CYPF_RSK_9		4.6.3	In supervision for each cared for child and young person Team Managers will consider whether reunification to a parent or family member has been considered and what support would be necessary to progress this.	HoS Perm						Permanence plans for cared for children and young people will be reviewed and adapt to changing needs and circumstances. IROs will monitor and report through mid-point and statutory reviews. Feedback from children, young people and carers	On track - reviews have started and 1 additional reunification plan is now progressing.	
CYPF_RSK_9		4.6.4	HoS to confirm to each IRO that at each mid-point review and statutory CiC review IROs will consider the potential reunification, discharge from care and progression to SGO for every child.	HoS QAS						Dip sample of mid point reviews and CIC notes to evidence progress with this action	Expectation has been set. Impact to be established by QA of last 10 mid point review and CIC notes by 27th Oct.	

CYPF_RSK_6	4.7 Children in care and care leavers will achieve their full potential in education, training or employment.	4.7.1	Establish a personalised career development pathway for all cared for children from year 9.	VHT							Young people will have a clear action plan to remain engaged in EET post 16	All PEPs from Y10 onwards have planning for career development in a separate section called 'Post 16 EET Support and Achievement Plan'. QA planned.	
		4.7.2	Hold Corporate Parenting engagement event for PCC colleagues to broaden knowledge and widen opportunities for work experience placements and Supported Apprenticeships .	HoS Perm							The number of care leavers Not in Education, Training or Employment will reduce	On track - Now planned for November to link with Care Leavers Week focusing on care leavers protected status and developing EET training opportunities.	
		4.7.3	Hold Corporate Parenting engagement event for businesses and public bodies across Plymouth to increase sign up to the care Leavers Covenant and increase opportunities for work experience placements and Supported Apprenticeships	HoS Perm							The number of care leavers Not in Education, Training or Employment will reduce	In planning stage, conversations taking place with individual business, e.g. Balfour Beatty.	
		4.7.4	Deliver "Your Future" program more widely to reach more care leavers who are NEET.	HoS Skills							The number of care leavers Not in Education, Training or Employment will reduce	On track - "Your Future" program has been launched as designed with young people and 4 young people have attended	
		4.7.5	Virtual School to deliver workshops for Foster Parents, Residential Carers and Social Workers to develop knowledge and confidence in getting the best out of PEPs and EHCP reviews	VHT							Feedback from children and young people will evidence confidence in the adults to advocate for them and meet their educational needs  Education attendance and attainment figures will increase  Exclusions will reduce  Audit and QA will indicate improved understanding and outcomes for education Children/ young people's feedback	Schools' training programme in place. Training to carers started September 2023, work in place to ensure good engagement. Meeting held between VSHT and Carer Advocate Group in Oct '23 to outline needs.	
		4.7.6	SLIP Dorset to carry out a review of Virtual School arrangements	HoS QAS							Improved educational progress and attainment of cared for children. Improved attendance and reduced exclusions of cared for children	This is included in the planned SLIP work in October  A plan will be presented to the Board	
		4.7.7	Act in response to findings of SLIP review of Virtual School	HoS Skills							Monitoring of educational achievement of children in care at each key stage. Education attendance figures will increase Exclusions will reduce	On track - To agree approach at SMT during October.	
		4.7.8	Team Managers and Service Managers to incorporate the Inclusion Scorecard into their performance monitoring and reporting schedule to identify attendance, reduced timetable and exclusions for children in care and take timely action to address	ALL HoS									
PROPOSED NEW RISK	4.8 The physical and psychological health of children coming into care, Children in Care and Care Experienced young people will be improved and maintained	4.8.1	Take action to ensure 95% of all IHAs for children coming into care on time and 95% of all RHAs completed on time.	TU/ JB/ Health (Di D)							Health KPIs Audit and QA will indicate improved understanding and outcomes for health Children/ young people will report improvements in their health and wellbeing through reviews, audits and annual surveys.	See separate report to Board	
		4.8.2	Take action to achieve 60% of all children in care having an annual dental check on time (aspirational target 95%)	TU/ JB/ Health (Di D)								See separate report to Board	
		4.8.3	Take action to achieve 80% of all children in care having an annual optical check on time (aspirational target 95%)	TU/ JB/ Health (Di D)								See separate report to Board	
		4.8.4	Launch Peninsula Dental School pilot for care leavers to provide treatment for 6 young people initially	TU/ JB/ Health (Di D)								See separate report to Board	
		4.8.5	Set up Task and Finish Group to improve the communication and use of SDQs, review the process, develop and deliver workshops for carers, schools and social workers to increase use and benefit	CAMHS								SDQ KPIs Feedback from young people and carers CAMHS data	On track - work has started with CAMHS and a clear workflow for the completion of SDQs agreed. This will be shared with teams.
		4.8.6	Wider roll out of Mind of My Own across all teams, including Care Leavers Team to increase opportunity for children and young people to share their views and participate in care planning and service delivery	HoS QAS								Mind of My Own usage data Feedback from children and young people	On track - Pioneers have been trained and are using Mind of My Own. Train the Trainer training is complete – 4 trainers available ". 27th Nov Practice week will run a MoMo competition to increase awareness and registrations

	4.9 Outcomes for Care Experienced Young People (Care Leavers) will be improved across all elements of their lives	4.9.1	Progress the procurement and build of the care leavers hub at Frederick Street	HoS Perm												On track - Funding is secured Design is complete Monthly meetings for the wider project are in place	
		4.9.2	Appoint second Team Manager for Care Leavers Team to provide increased management capacity and oversight	HoS Perm											Supervision data will increase Quality and performance of care leaver visits, recordings and pathway plans will improve	Complete - worker starting 6/11/2023 In addition, due to TM LT sickness absence we have agreed over-establishment agency TM cover to ensure core practice standards are met Currently shortlisting to appoint in October	
CYPF_RSK_6		4.9.3	Finalise and implement the Seeking Education, Employment and Training Plan	SD EPS											Improvement to % of all age groups in EET	On track - The plan has been finalised and approved at Cabinet and is now being implemented.	

**IROs ACT AS CHILDREN'S RIGHTS CHAMPIONS**

CYPF_RSK_9	4.10 Independent Reviewing Officers will provide statutory CIC meetings and promote the improvement of Care Planning for Children in Care, they will challenge drift and delay in any care and permanence planning and ensure full consideration is given to children with EHCPs and SEN(D).	4.10.1	Implement expectation that IROs consider the potential reunification, discharge from care and progression to SGO at each mid-point review and statutory review.	HoS QAS											Performance data and quality assurance activity via audits and dip samples will evidence the practice improvements alongside feedback from children. Improved placement stability, education and health and well being outcomes.	On track - Expectation in place -QA activity of the last 10 mid point review and CIC review notes by 27/10 will evidence progress with this	
		4.10.2	Implement expectation that IROs to complete visits to children to gather their wishes and feelings before each CIC meeting	HoS QAS												On track - Expectation in place - service manager review of visit activity via data, supervisions and conversations with children will evidence progress with this actions. QA to be achieved by 1/11/24	
		4.10.3	Implement expectation that IROs to write to children after the meeting to support their understanding of their plan	HoS QAS												On track - Expectation in place - QA of last 10 children who have had CIC meetings to view evidence of letters sent by 10/11/23	
		4.10.4	Implement expectation that IROs to develop consistency in the completion of pre-review discussions and mid points discussions, ensuring these set foundations for a well chaired, impactful care planning review meeting.	HoS QAS												On track - Expectation in place - QA of last 10 children who are at mid point of their reviews to understand quality of the reviews by 10/11/23	
		4.10.5	Recruit 2 permanent IROs/Independent Chairs to fill vacancies leading to IRO workloads reducing	HoS QAS												Complete - Start dates 9/10 & 12/10	
		4.10.6	IROs/Independent Chairs to complete a minimum of 1 audit a month as part of the QA framework	HoS QAS												On track	
		4.10.7	IROs to increase their role in monitoring of challenge to and resolving the completion and timeliness of health assessments, dental and optical checks, personal education plans.	HoS QAS												On track	
		4.10.8	IROs to strengthen the participation and advocacy offer to children including the use and implementation of "Mind of My Own"	HoS QAS												On track	

**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.**

**To be good;** Management oversight of practice, including practice scrutiny by senior managers, will be established, systematic and used clearly to improve the quality of decisions and the provision of help to children and young people. The local authority can demonstrate evidence of practice that is informed and sustainably improved by feedback, research and intelligence about the quality of services. The experiences of children, young people and families who use them are important, including learning from their complaints and from successful or disrupted placements or adoption breakdown.

Risk register reference	Desired Outcome	Actions	Lead	Timeframe												How will we measure the difference to children and young people?	SEPT Monthly HoS update	RAG
				23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar								
CYPF_RSK_23	5.1 A Quality Assurance Framework will ensure that performance information is collated for all service areas that enables the evaluation of the impact of the improvement work and, where weaknesses are identified, ensures they are addressed urgently by	5.1.1	Implement a refreshed and comprehensive Quality Assurance Framework	HoS QAS												Children will benefit from having a systematic effectiveness, i	A comprehensive QAF has been agreed but is not yet fully operational due to the need to recruit dedicated audit capacity (see below)	
		5.1.2	Implement an annual programme of outcome focused audit activity, including deep dives, thematic audits and dip sampling to measure the effectiveness and impact of the improvement journey and act on practice strengths and areas for development	HoS QAS											The experience of and outcomes for children will be a central focus of the Quality Assurance activity.	Complete - a planned schedule of QA activity is in place for the year but will be reviewed to ensure it aligns fully with this plan.		
		5.1.3	Complete 10 audits of children open to the "edge of care team" to identify and act on practice strengths and areas for development	HoS QAS											Audit and dip sampling will show how practice is supporting children on the edge of care	On track - Audits of Edge of Care work were allocated for completion during Sept. The findings are currently being analysed.		

		managers at all levels.	5.1.4	Complete 12 audits of children open to CYPFS who are electively home educated to identify and act on practice strengths and areas for development	HoS QAS							Audit and dip sampling will show how practice is supporting children who are home educated	On track - These audits were allocated for completion during Sept. Findings are currently being analysed.	
			5.1.5	Achieve 100% of audits allocated to managers across the service.	HoS QAS							100% of audits are completed every month which inform continuously improving practice	15/22 Sept audits achieved so far, more expected to be submitted. Raising in SMT on 16/10 for assurance that October's will be achieved	
			5.1.6	Recruit a Quality Assurance Lead to co-ordinate the annual audit programme, provide support to auditors and audit moderators, provide guidance and leadership of QA activity across the service and PSCP and to track action in response to findings	HoS QAS							The increase in capacity in the QA team will enable a significant increase in QA activity to inform the ongoing review of practice improvement	Complete - Recruited in house to a secondment to start 30th Oct	
			5.1.7	Recruit 2 interim practice learning reviewers to evidence our practice and support with practice development	HoS QAS								On track - Shortlisting week of 9/10 interviews week of 16/10	
			5.1.8	Implement an audit action tracker that is reviewed by Service Managers to ensure that every audit action is achieved	HoS QAS							Every child whose case file is audited will experience "good" practice	On track - Audit action tracker is in place but it is not yet being reviewed consistently to ensure all actions are complete -this has been escalated to Heads of Service who are overseeing their Service Managers achieving the action	
	5.2	Identified learning from Quality Assurance activity will be evaluated and disseminated to all staff.	5.2.1	Capture learning from monthly audits each month and ensure findings inform policy and practice development.	HoS QAS							The regular dissemination of learning will enable the whole	On track - Monthly audit learning report completed and shared with SMT and the Academy to inform policy and practice development	
		Children will benefit from the knowledge that quality assurance activity recommendations will be followed up to ensure that the required action	5.2.2	Share learning from quality assurance activity interactively at service meetings	HoS QAS								Behind schedule; this is not being fully achieved as the QA Lead role is not yet in post, when they start in Nov they will attend the service meetings to share the learning. Revised deadline of November proposed.	
	5.3	Independent Child Protection Chairs will have effective oversight of multi-agency CP practice to ensure the CP conferencing process is used proportionately and is effective in protecting and safeguarding children via SMART plans, and ensure full consideration is given to children with EHCPs and SEN(D).	5.3.1	Implement expectation that Independent CP Chairs hold routine pre-conference consultations with SW/TM re: threshold and quality and preparation for Conference	HoS QAS							Weekly use of performance data and monthly dip sampling of CP chair activity will ensure that children with CP plans experience good practice in CP meetings	Complete - Pre Conference consultations are in place and have improved the proportion of children given CP plans	
			5.3.2	Undertake development programme with Independent CP Chairs to ensure CP Plans are SMART and focused on the child's needs and risks	HoS QAS							Audit and Dip sampling	On track - Independent chairs are attending the 19th Oct Leaders for Excellence session which is focused on SMART plans, Service Manager is also finalising a training offer from the Academy targeted at the specific development needs of CP Chairs	
			5.3.3	Implement expectation that Independent CP Chairs undertake restorative 'mid-point' and needs-led reviews of all children who are subject to CP plans and ensure that the plan is effective and relevant to the circumstances of the child	HoS QAS							Children will experience better quality services as a result of IROs ensuring good practice and outcomes	On track - Mid-point review are in place, the SM will plan quality assurance activity to ensure the quality meets expectations and gather evidence of impact on the progress of children's plans by 27/10	
			5.3.4	Set expectation that Independent Chairs use the 'Resolution and Escalation Process' whenever they find poor practice.	HoS QAS							Audit and Dip sampling	Expectation has been set with the team but there is limited evidence of change as yet, 33% completed in timeframe, 9 incomplete - 4 of these are open to IROs who have left the service so SM is reviewing these. November team meeting theme is use of resolutions and escalations to improve outcomes for children	
			5.3.5	Weekly review of performance data and monthly dip sampling of ICPC and CP Review notes and plans by the QA&S Service Manager and actions taken in response to findings	HoS QAS							Audit and Dip sampling	On track - this is in progress, learning will be known by 23/10 to inform service plan	
CYPF_RSK_13	5.4	The Local Authority	5.4.1	Recruit an interim LADO	HoS QAS							LADO performance will be measured by a score card	Complete - Interim LADO started on 11th Sept	

Designated Officer (LADO) will support organisations to manage allegations so that children are safeguarded	5.4.2	Implement processes and practices for improved LADO recording	HoS QAS										and quarterly dip sampling, this information will be compared with 2022/23 data to evidence improved practice on behalf of children	On track - LADO and Service Manager are reviewing the current policy and procedure to identify what's working well and the improvement actions needed, Improvement plan will be sent to Dorset for their feedback
	5.4.3	Recruit 2 QA & Safeguarding co-ordinators for improved business support	HoS QAS											On track - Roles have been uploaded for grading
	5.4.4	Improve support to providers & commissioners and collaboration with Adult Services regarding whole service reviews expanding reach into the voluntary sector	HoS QAS											On track
	5.4.5	Develop LADO scorecard to provide performance information	HoS QAS											On track
	5.4.6	Undertake quarterly dip sampling of LADO activity	HoS QAS											On track
	5.4.7	Commission SLIP, Dorset, to undertake a review of LADO practices	HoS QAS											This work has been agreed with Dorset and included in the SLIP forward plan.
	5.4.8	Act in response to findings of SLIP review of LADO practices	HoS QAS											

**PRIORITY 6 – A STABLE AND ABLE WORKFORCE; Strategic arrangements regarding workforce development and the organisational environment maximises staff recruitment and retention leading to a stable, skilled and supported workforce which provides high quality, effective support and interventions that meet their needs and aspirations.**

**To be good;** The local authority social care workforce is sufficient, suitably qualified and accredited to deliver high-quality services to children and their families. (For more information about accreditation, see the national assessment and accreditation system (NAAS)). Managers and practitioners are experienced, effectively trained and supervised and the quality of their practice improves the lives of vulnerable children, young people and families. There is effective organisational support for the training and professional development of social workers, personal advisers and managers. Leaders and managers have created an environment where good social work can flourish and this is evident in the overall quality and impact of social work. Careful monitoring of workloads and oversight of the impact of wider systems on working conditions for practitioners ensure that practitioners have the capacity and ability to develop meaningful relationships with children, families and care leavers. The impact of any systems change is well managed, with a sustained focus on the experience of children and families.

Risk register reference	Desired Outcome	Actions	Lead	Timeframe								How will we measure the difference to children and young people?	SEPT Monthly HoS update	RAG	
				23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar					
CYPF_RSK_11 CYPF_RSK_17	6.1 An effective workforce strategy will ensure a permanent workforce that is sufficient to enable effective workloads and management oversight. This will allow practitioners to build consistent and meaningful relationships with children	6.1.1 Implement the Recruitment and Retention strategy	SD CYPFS										Vacancy and turnover rates are reported on to the PCIB demonstrate increased proportions of permanent staff. 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. Workforce will report higher levels of satisfaction and wellbeing.	HROD are drafting a Children's Workforce Strategy with the service that includes a scorecard with key performance metrics. This will be presented to CSTB in October.	
	6.2 Additional capacity is in place that reduces overall workloads for social workers and managers	6.2.1 Recruit and on board additional capacity in key areas as agreed in the resourcing plan	SD CYPFS										Once additional staff are in post we would expect to see: - MASH continuing to operate in 'live time' and evidence of improved quality. - Reduced workloads in IRT, improved timeliness of seeing children and completion of assessments within timescales - Reduced workloads in CSW leading to improved quality, reduced delays for children and timeliness and effectiveness of supervision - Increased management capacity in Care Leavers leading to improved quality and effectiveness of supervision. - Increased compliance with audits across the service	On track - The 6 additional Advance Practitioners are all in post in IRTs. Workloads in IRT are starting to reduce as the backlog is cleared but some caseloads remain high as reported in the workload report. Focused action is in place to address this. The contract for the CSW managed team has been awarded and the additional team of 6 experienced social workers and Team Manager will be in place in early November.	
CYPF_RSK_17	6.3 The Social Work Academy will provide a	6.3.1 Review the Academy's remit and scope	HoS QAS										The workforce will report improved levels of satisfaction and access to professional development. Improved	On track - This work has started	

		The Academy will provide a centre of learning and development for practitioners so that children experience workers with a greater range of skills and techniques.	6.3.2	Develop and implement a revised and refreshed learning and development programme for the Academy that is aligned to improvement priorities and recruitment and retention goals that includes bite size training, lunch and learn sessions, e-learning, blogs to wrap around the availability of front line practitioners	HoS QAS											and access to professional development improved workforce retention and progression. Quality assurance and audit activity will demonstrate the improved use of knowledge, research, evidence and skills in practice.	On track - Support in place from HROD to revise the workforce plan that supports the recruitment and retention strategy. We are completing a self assessment of the Academy by the 31st Oct to inform the future workforce plan, this will include the L&D needs of EPS.	
			6.3.3	Refresh induction arrangements for new starters following a review of the current induction offer, staff survey to support this (to include in-house career progression inductions)	HoS QAS													Not yet progressed due to capacity, staff survey taking place during November which will inform work
			6.3.4	Deliver weekly Eclipse refresher training slots for practitioners and Eclipse champion floor walkers	HoS QAS													On track - Capacity has been identified and Service Managers have been asked to submit their priority Eclipse learning needs so that the training sessions can be planned to focus on areas that meet the priority learning needs of frontline staff
			6.3.5	Progress the Early Career Framework (ECF) to support ASYEs in year 2 &3	HoS QAS													On track - Dave Neale is attending all ECF DfE meetings and we are achieving all requirements