

**CENTRAL BEDFORDSHIRE COUNCIL**

**ACTION PLAN  
2012-2013**

**TO ADDRESS RECOMMENDATIONS OF OFSTED'S ANNOUNCED INSPECTION OF SERVICES FOR  
SAFEGUARDING AND LOOKED AFTER CHILDREN AND TO IMPROVE PRACTICE**

## INTRODUCTION

Central Bedfordshire's Post Inspection Action Plan 2012–2013 identifies how the Council and its partners will develop and improve safeguarding and looked after children services in Central Bedfordshire.

The Action Plan contributes to the following Council priorities in its medium term plan:

- Improve Educational Attainment;
- Promote health and well being.

It will contribute to the Health and Wellbeing Strategy and it contributes to delivering the Children's Trust vision for children and young people in Central Bedfordshire:

"We want every child in Central Bedfordshire to enjoy their childhood and have the best possible start in life. We want every child to do well at school, make friends and build strong relationships with their family. By the age of 19, as young adults, we want every young person to have the knowledge, skills and qualifications that will give them the best chance of success, so that they are prepared to take their full place in society as a happy, healthy, contributing and confident citizen."

The Action Plan contributes to the following priorities in the Children and Young People's Plan 2011-2014:

- Priority 1: Helping children and young people achieve more and transforming our relationship with schools
  - Objective 2: Transform teaching and learning and raise achievement for all learners including underachieving groups and children in vulnerable circumstances
- Priority 2: Protecting children and keep them safe
  - Objective 3: Protect children and young people from harm by providing a co-ordinated and effective safeguarding process.
- Priority 4: Targeting the most deprived areas and vulnerable groups to improve children's emotional and physical health

Some issues identified in the inspection report must be addressed speedily. Actions to address the issues which must be completed within the first six months following the inspection (Phase 1) are contained in Workstreams 1 to 4. In order to move practice to good and outstanding, the overall approach to improvement planning will be more measured and strategic. Longer term improvement actions (Phase 2) are contained in Workstreams 5 to 9.

The Deputy Chief Executive/Director of Children's Services for Central Bedfordshire Council will oversee the delivery of the Action Plan through the Project Board. The Director of Nursing and Quality for NHS Bedfordshire and Luton will monitor the delivery of the health related aspects of the Action Plan and will provide reports to the Project Board. The Action Plan sits within the reporting structure and delivery arrangements of the Children's Trust Board and the Shadow Health and Wellbeing Board.

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The overall aims of this Action Plan are to:

- address inspection recommendations for safeguarding (6 month actions);
- address inspection recommendations for services for looked after children (six month actions);
- develop Safeguarding services to meet the new Ofsted criteria for outstanding;
- develop services for Looked After Children to achieve an Ofsted judgement of at least good;
- support the production of a self assessment for the Regional Improvement Board and for peer review focusing on areas requiring further acceleration to achieve “good”;
- establish an improvement programme for Children’s Health.

<b>RAG</b>	<b>Work Stream</b>	<b>Strategic Lead Officers</b>
<b>Phase 1: Safeguarding and Looked After Children April – October 2012</b>		
1.	Safeguarding six month actions	Interim Assistant Director, Children’s Services Operations, Central Bedfordshire Council
2.	Health Safeguarding six month actions	Director of Nursing and Quality, NHS Bedfordshire and Luton
3.	LAC Health six month actions	Director of Nursing and Quality, NHS Bedfordshire and Luton
4.	LAC six month actions:	Interim Assistant Director, Children’s Services Operations, Central Bedfordshire Council
<b>Phase 2: Improvement Planning for Safeguarding and Looked After Children September 2012- September 2013</b>		
5.	Safeguarding Improvement Plan	Interim Assistant Director, Children’s Services Operations, Central Bedfordshire Council

6.	Looked After Children Improvement Plan	Interim Assistant Director, Children's Services Operations, Central Bedfordshire Council
7.	Health Improvement Plan for Safeguarding	Director of Nursing and Quality, NHS Bedfordshire and Luton
8.	Looked After Children Health Improvement Plan	Director of Nursing and Quality, NHS Bedfordshire and Luton
9.	Equality & Diversity Improvement Plan	Head of Adoption and Fostering, Central Bedfordshire Council

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Green	Amber	Red				
On Target or Completed	In Progress but with slippage or issues needing to be overcome	Incomplete or not started				
<p><b>Work Stream1: Safeguarding – actions in first six months</b></p> <p><b>Key Aim:</b> To address the recommendations in the inspection report in the required timescale</p> <p><b>Outcomes</b> (key deliverables):</p> <ol style="list-style-type: none"> <li>1. Case chronologies record key events and inform case planning.</li> <li>2. Assessment, planning and review ensure that equality and diversity factors are addressed.</li> <li>3. Formal supervision of social workers takes place at required intervals, is promptly recorded and is stored in a readily accessible manner.</li> <li>4. Appropriately trained staff undertake return interviews for children who go missing.</li> </ol>						
ACTION PLAN						
Key Del	Actions	Description (including PIs)	Lead	Dependencies on other actions/work streams	Start Date	Target End Date
1.	Guidance to be issued that outlines the purpose and benefits of chronologies in case assessment, planning and review.	Review functionality in CCMS and any changes which might be required to deliver best practice.	Audit Manager QA	None  FWi update planned for Sept 2012 which will include revised functionality in relation to chronologies	May 2012	30 September 2012
		Revised guidance for practitioners on the completion of chronologies	Audit Manager and Head of QA	None	May 2012	30 July 2012
		Implement guidance through team briefings, group supervision, CCMS business process and operational guidance.	SMT/Team Managers	None	July 2012	30 September 2012
		Evaluate impact of implementation through audit.	Audit Manager/Team Managers	None	July 2012	Sept 2012 and ongoing
		Incorporate chronologies and partner contributions in LSCB training and emphasise their importance.	LSCB Training and Commissioning Manager.	None	May 2012	May 2012
		Incorporate the importance of chronologies and partner contributions in all social care learning and development opportunities.	Social Care Learning and Development Officer	None	May 2012	June 2012

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		Incorporate importance of chronologies and partner contributions in all children's workforce training when appropriate	Children's Workforce Development team	None	May 2012	July 2012
2.	Develop Equality and Diversity guidance in consultation with the Corporate Policy Adviser	Identify a lead trainer to offer consultation and revised guidance, in relation to how best to address and evidence that equality and diversity has been addressed within assessments and plans when identifying and addressing needs and risks.	Advice from Corporate Policy Adviser Children's Workforce Development team to scope best practice models and advise the service how to best implement this.	Workstream 9  This is a cross cutting theme.	May 2012	July 2012
		Issue best practice guidance	Team managers			
		Seek advice from other LA's that have achieved good or above in Ofsted for Equality and Diversity judgement in relation to best practice	Head of Safeguarding			
3.	Review supervision arrangements	Supervision survey	SMT	None	May 2012	30 June 2012
		Update and re-issue guidance in line with Munro, CCMS, Working Together and The Social Work College and Professional Capabilities Framework	Head of QA and Audit Manager	None	May 2012	July 2012
		Evaluate the impact of the re-issued guidance by repeating a supervision survey late 2012.	SMT	None	Nov 2012	Dec 2012
		Safeguarding Manager Audit programme reviews and reports on compliance with frequency and quality of supervision.	SMT Head of QA and Audit manager	None	May 2012	May 2012 and ongoing
		QA Strategy revised to reflect supervision requirements and monitoring	Head of QA	None	July 2012	Sept 2012
4.	Review guidance and approach to return interviews for children who go missing.	A new service to be commissioned in partnership with the police to deliver independent return interviews for children and young people who go missing.	Assistant Director CSO	None	July 2012	Sept 2012
		Revise CBSCB multi agency guidance in the light of the above and re issue	Head of Looked After Children Head of QA	None	Sept 2012	Oct 2012

### Work Stream 2: Safeguarding - Health actions in the first six months

**Key Aim:** To address the recommendations in the inspection report within the required timescale (see inspection report)

#### Outcomes (key deliverables):

1. Sufficient numbers of practitioners are in place to provide the commissioned service, and universal healthy child programme.
2. The impact of training on changes to practice to protect children from harm is well embedded throughout all health providers.
3. Transition to adult mental health and learning disability services for all young people with a mental health or learning disability and/or difficulty is well planned.
4. All health providers use the experience of service users as part of the needs assessment when reviewing service design and delivery.

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<b>ACTION PLAN</b>						
Key Del	Actions	Description (including PIs)	Lead	Dependencies on other actions/work streams	Start Date	Target End Date
1.	Additional health visitors trained as required for the expansion of health visiting in Bedfordshire in accordance with the NHS operating Framework 2001/2012 & the Health visiting implementation plan A Call to Action (Feb 2011)	Additional health visitors trained as required for the expansion of health visiting in Bedfordshire in accordance with the NHS operating framework 2012 & the health visiting implementation plan 2011	Anne Murray NHS Bedfordshire	Additional staff recruited & trained.	April 2012	October 2012
		Funding agreed by Commissioners to recruit additional health visitors into post	Chris Myers & Dawn Andrews SEPT			
	SHA commissioned independent health visitor review	Newly qualified health visitors recruited into post to increase numbers of practising health visitors within SEPT		Cost to PCT has been agreed	18 <sup>th</sup> June 2012	October 2012
		2nd cohort of additional trainee health visitors recruited & commenced training in accordance with the NHS Operating Framework 2011/ 2012	East & Midlands SHA			
		New cohort of 10 recruited	Anne Murray NHS Bedfordshire			
		To review health visitors role and function				
2	Review provider organisations training strategies to ensure that evidence of learning & impact of training is captured	Annual audit of training outcomes	Designated Office for Safeguarding Children		April 2012	October 2012
	Review the effectiveness	Continue to monitor uptake of training within provider organisations through quarterly quality schedules.				
		Evidence that provider organisations as part of their evaluation on training programmes demonstrate impact on changes to practice by using competency framework				
		Evidence that LSCB Safeguarding				

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	<p>of training on practice with CBSCB</p> <p>Yearly GP appraisals</p> <p>Multi agency training workshop</p>	<p>Children Training has been evaluated &amp; the impact on practitioners has is analysed &amp; evaluated by LSCB after each course by the following methods;</p> <ul style="list-style-type: none"> <li>• Immediate perception of impact at close of 2 day course</li> <li>• 6 week post course evaluation form to capture delegates perception of impact on practice</li> <li>• Proposed follow up call with delegates line manager to assess their perception of impact on delegates practice</li> </ul> <p>GP appraisals to determine how GP's are demonstrating child protection (CP) competencies</p> <p>All GP's to attend safeguarding course to enable them to demonstrate competencies &amp; impact on practice.</p> <p>To review current training arrangements for GP's</p>	<p>Eileen Moran Training Commissioning Manager CBSCB</p> <p>Medical Director</p> <p>Named GP for Safeguarding Children Designated Office</p> <p>Anne Murray NHS Bedfordshire</p>	<p>All GP practices have nominated safeguarding Children lead</p>	<p>April 2012</p>	
3	<p>As part of the commissioned CQUIN targets from NHS Bedfordshire &amp; Luton SEPT will implement the locally agreed multi agency transition tool (MATT).</p> <p>Staff to be trained in the use of the tool</p> <p>Review CAMHS transition protocol</p> <p>Obtain service users views</p>	<p>Audit against adherence to the multi agency transition tool.</p> <p>Revised CAMHS transition protocol to be in place by October 2012</p> <p>Feedback obtained</p>	<p>Associate Director of Safeguarding SEPT</p> <p>Designated Office for Safeguarding Children Bedfordshire Lee Miller Head of Child Health Commissioning</p>	<p>Quarterly CQUIN monitoring</p>	<p>April 2012</p>	<p>October 2012</p>



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4.	Quarterly data from providers on satisfaction surveys, PALS/complaints have informed service design & delivery	<p>NHS Bedfordshire &amp; Luton require evidence from providers that service users experience influence service design &amp; delivery</p> <p>Evidence from health providers where a service has been directly influenced by service users</p> <p>Designated Nurse to review Business cases</p>	<p>Anne Murray NHS Bedfordshire</p> <p>Bedford Hospital NHS Trust</p> <p>SEPT Community &amp; Mental Health Services</p>		April 2012	October 2012
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**Work Stream 3:** Looked After Children: Health actions in the first six months  
**Key Aim:** To improve the health of looked after children  
**Outcomes** (Key deliverables):

1. All looked after children have prompt access to appropriate health services which promote good outcomes for them.
2. All care leavers are enabled to access health services and receive a copy of their health histories to ensure that they are able to make future life choices.
3. All looked after children and young people have access to age appropriate health education and promotion information.
4. During review health assessments strength and difficulties questionnaire outcomes are reviewed as part of the emotional health and well-being assessment.
5. All general practitioners and independent health contractors are aware of their statutory responsibility to looked after children.

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Key Del	Actions	Description (including PIs)	Lead	Dependencies on other actions/work streams	Start Date	Target End Date
1.	Ensure rates for Dental checks Annual assessments and Immunisations and vaccination are above National average	Ensure timely consent and adequate information are received from social worker for Initial and review health assessment	Head of Social Care	Agreement of service model Additional staffing employed.	May 2012	9 <sup>th</sup> June 2012
		Ensure all review assessments are completed within timescales	Deputy Chief Operating Officer (SEPT)/ Head of Social care		May 2012	
		Ensure all outstanding dental checks identified in the health review are completed and recorded on health plan and LA database within timescales and reported quarterly	Head of Social care	Social workers to ensure dental checks are completed. IRO's to monitor performance and challenge non compliance with recommendations	May 2012	June 2012

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				arising from health plans and LAC reviews		
		Ensure all outstanding Immunisations and Vaccinations identified in the health review are completed and recorded on health plan and LA database in timescales and reported quarterly.	Head of Social Care	Social workers to ensure dental checks are completed. IRO's to monitor performance and challenge non compliance with recommendations arising from health plans and LAC reviews	May 2012	
2.	Agree design and commission health provision for care leavers and ensure that care leavers are given a copy of their health history.	<p>Confirm and agree local processes and pathways with local authority.</p> <p>Confirm clear pathway for health provision for care leavers, ensuring that care leavers are given a copy of their health history.</p> <p>Develop information pack for leavers which identifies local services and how to access those services.</p> <p>Consult with leaving care social work team and young people who have left care within the last year as well as young people from Children In Care Council (CICC), to further inform service provision.</p> <p>Employ interim leaving care nurse to set this pathway up.</p> <p>Examine/visit areas of good practice such as Leicester to help develop model service provision</p> <p>Workshop held to help develop pathways and service models locally</p>	<p>Interim leaving Care Nurse &amp; Head of social Care</p> <p>Interim leaving Care Nurse &amp; Head of social Care</p> <p>Interim Leaving Care Nurse</p> <p>Interim Leaving Care Nurse</p> <p>Anne Murray</p> <p>Designated Nurse/Health improvement lead Head of Child Health Commissioning</p>	<p>Identification of cohort (numbers) and those most vulnerable (who to provide service to)</p>	<p>May 2012</p> <p>May 2012</p> <p>May 2012</p> <p>April 2012</p> <p>April 2012</p> <p>May 2012</p>	<p>10<sup>th</sup> July 2012</p> <p>10<sup>th</sup> July 2012</p> <p>May 2012</p> <p>April 2012</p> <p>April 2012</p> <p>May 2012</p>
		Ensure the recruitment of additional nursing staff to expand and enhance the leaving care service	Deputy Chief Operating Officer (SEPT)		June 2012	October 2012
3.	Ensure Health Assessments are robust	Workshop 3 <sup>rd</sup> May 2012 to agree pathway with local authorities for use of Strength	Head of Social Care	Social Care to provide timely SDQ information	3rd May 2012	9 <sup>th</sup> June 2012

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	and inclusive with evidence of the assessment of emotional health and well-being including use of Strength and Difficulties Questionnaires (SDQ's)	and Difficulties Questionnaires (SDQ) Every child will have their emotional health and well being assessed at each Health Assessment visit. Referral to CAMHS as necessary. Process agreed with SEPT. Monitored by Designated Office	Deputy Chief Operating Officer (SEPT) /Designated Nurse	to LAC Health team	April 2012	9 <sup>th</sup> June 2012
4.	Ensure information and training are provided to relevant health professionals	Work with Clinical Commissioning Group/NHS Bedfordshire to develop a plan to address this issue with GPs and Dentists.  To develop and distribute summary information outlining statutory responsibilities.  Develop training programme for all relevant health professionals  BCCG to be informed as to statutory function as commissioning responsibilities are delegated	Designated Doctor  Designated Doctor for LAC  Designated Doctor/ primary care training coordinators	GP clinical leads  Primary Care Commissioning  Designated Office  Director of Nursing and Quality	May 2012  May 2012  June 2012  May 2012	October 2012  July 2012  Sept 2012  May 2012
5.	Ensure appropriate information and advice is provided to all LAC and recorded in health plans	Develop three age appropriate packs of health information to ensure that at each health assessment the appropriate health advice and literature are given out to children, young people and carers as appropriate.  Leaflets distributed at time of assessment, recorded in assessment notes  Training set up for all foster carers and adoptive parents to include general health.  Health packs also given to all foster carers and social workers	Health improvement  Deputy Chief Operating Officer (SEPT)  Deputy Chief Operating Officer (SEPT) Health improvement/ Adoption and Fostering team/ Designated Nurse/ Deputy Chief Operating Officer (SEPT)		May 2012  May 2012	9 <sup>th</sup> June 2012  On going throughout the one year programme to March 2013

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<p><b>Work Stream 4:</b> Looked After Children: actions in the first six months</p> <p><b>Key Aim:</b> To address the issues identified in the SLAC inspection</p> <p><b>Outcomes</b> (Key deliverables):</p> <ol style="list-style-type: none"> <li>1. All agencies provide a prompt and appropriate response where looked after children are missing from care.</li> <li>2. Pathway plans for care leavers are of a good quality.</li> <li>3. Case records for looked after children support good quality practice across the partnership.</li> <li>4. Assessments and case planning are of a consistently high quality.</li> <li>5. Care leavers live in suitable accommodation.</li> <li>6. An increased range of suitable accommodation is available to care leavers.</li> <li>7. Analysis of how well looked after children who are placed outside Central Bedfordshire achieve educationally compared to those educated locally is routinely undertaken.</li> <li>8. Looked after young people attend school regularly.</li> <li>9. The attainment of looked after children is improved.</li> </ol>						
<b>ACTION PLAN</b>						
Key Del	Actions	Description (including PIs)	Lead	Dependencies on other actions/work streams	Start Date	Target End Date
1.	Appropriately trained staff undertake return interviews for children who go missing.	A new service to be commissioned in partnership with the police to deliver independent return interviews for children and young people who go missing.	Assistant Director CSO	Workstream 1 action 4.	July 2012	Sept 2012
		Revise CBSCB multi agency guidance in the light of the above and re issue	Head of Looked After Children Head of QA	As Above	July 2012	Sept 2012
2.	A team review through supervision of current pathway plans and identification of good practice.	Briefing to staff about expectations and sources of knowledge and guidance.  An audit of pathway plan	Team Manager LAC/LAACT  Audit Manager	None	May 2012  September 2012	June 2012  October 2012
	Appropriately trained, experienced staff are allocated to undertake pathway plans	Development of group supervision and worker training. Development of the advanced practitioner role to support quality, practice and complex cases.  Development of an evaluation tool to assess the impact of group supervision on practice.	Learning and Development and Children in Care Council.  Audit Manager and team managers		September 2012	October 2012
3.	Evidence that good case recording is underpinning planning and case decision making.	LAC case records audit sample  Tracking system to be established for children where adoption should be considered as the plan	TM LAC/LAACT and Audit Manager Panel Coordinator/TM Adoption.	None	May 2012	July 2012

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4.	Review assessments and care plans through regular supervision and Quality Assurance processes.	<p>LAC case audit sample.</p> <p>Updated practice guidance and access to training and research.</p> <p>Consultation with Children in Care Council and LAC children to clarify their perceptions</p> <p>Updated Supervision policy to include a focus on care plans and assessment content and quality.</p> <p>To evaluate the CCMS business process and template.</p>	<p>TM LAC/LA ACT and Audit Manager As Above and Learning and Development manager LAC Participation Officer</p> <p>Audit Manager and HOS QA</p>	<p>None</p> <p>Workstream One update of supervision policy to be undertaken.</p>	May 2012	July 2012
5.	To ensure there is a clear plan and access to suitable accommodation for care leavers	Placement strategy to be refreshed by 30 June 2012	<p>HOS Fostering and Adoption/Head of Children's Services Commissioning.</p> <p>TM LAC/LA ACT</p>		May 2012	July 2012
6.	Placement Strategy to be refreshed by 30 <sup>th</sup> June 2012. (Annually)	<p>Complete analysis of current local placements</p> <p>Review demand for local places, in particular the ability to meet specialist needs</p>	HOS Fostering and Adoption/Head of Children's Services Commissioning.		May 2012	July 2012
	Review of Leaving/After care services	<p>Complete needs assessment for children leaving care</p> <p>Review capacity of current provision to meet increased future demand</p> <p>Commission additional services to meet the identified needs of children who have left care, or will soon leave care</p>	Head of Children's Services Commissioning.		June 2012	Dec 2012
7.	Regular, evaluation of LAC educational attainment for those placed OOC in relation to those locally provided for	A performance and evaluation process to be developed and routinely undertaken on a quarterly basis.	HOS Fostering and Adoption/ HOS Commissioning Head of Learning & School Support		May 2012	July 2012
	Identify a data system that	Implement an appropriate data system	Virtual School Lead	IT/Data system	Mar 2012	Sept 2012

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	can be used to ensure timely provision of the information required to compare attainment of pupils residing in and outside of CBC	<p>that can be used in the short term with immediate effect.</p> <p>Identify the appropriate system for the future that will integrate with Framework 1</p> <p>Reports run for each Key Stage at the appropriate time (validated and unvalidated). Attainment and achievement of LAC in CB schools and other LA schools will be available for analysis</p> <p>Oversee the delivery and impact of the integrated Virtual School/ LAC Action Plan which includes agreed actions for all staff supporting LAC pupils</p> <p>Education achievement reports will be able to be provided annually, and progress towards targets will be reported regularly</p>	<p>Virtual School Lead with SC lead</p> <p>Virtual School Lead</p> <p>Virtual School Lead/SC lead</p> <p>Virtual School Lead</p>	<p>providing data in appropriate format</p> <p>Link to Workstream 9: Equality and Diversity</p>	<p>April 2012</p> <p>Sept 2012</p> <p>June 2012</p> <p>June 2012</p>	<p>April 2013</p> <p>Feb 2013 for validated data but earlier for unvalidated</p> <p>June 2013</p> <p>Feb 2013</p>
8.	Identify a system that records and reports attendance on a daily basis	A data system is commissioned that will report and record attendance data on a daily basis so that immediate actions can be taken to support increased attendance for targeted pupils	Virtual School Lead		April 2012	Sept 2012
	LAC school attendance is closely monitored and quickly escalated if problems occur.	<p>Data for absence from school in respect of fostered children to be circulated and monitored by the fostering team and resources staff.</p> <p>Commission an external service that will monitor LAC school attendance daily and alert appropriate persons of any absences.</p>	HOS Fostering and Adoption Head of Learning & School Support/ Virtual School Lead/SC lead		May 2012	July 2012
	Appropriate support is made available through the PEP process	Virtual School, education providers and social workers to robustly implement PEPS.	HOS		May 2012	October 2012
9.	Identify a data system that will easily record attainment of LAC	The system will support the assessment of progress of each pupil's progress against baseline (in special schools this	Virtual School Lead		June 2012	Sept 2012

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		might be measured in p levels)				
	Develop a Policy, protocol and best practice guidance with and for schools, Social Workers, Virtual School staff, foster carers and children's homes	This will set out agreed working relationships and responsibilities, and ways of working	Virtual school and SC lead with schools		Sept 2012	Jan 2013
	Challenge and interventions to raise the educational attainment of each individual looked after child is improved	<p>IROS to ensure oversight and challenge about education issues through the review process and QA.</p> <p>Quarterly monitoring and reporting model to be developed. To present to CSMT demonstrating outcomes and improvements, for individual LAC and LAC population.</p> <p>The Virtual School to identify actions and services that can increase attainment through the personal education plan partnerships.</p>	<p>Head of QA TM CRS and CRS</p> <p>HOS Learning &amp; School Support.</p> <p>HOS Learning &amp; School Support.</p>		May 2012	October 2012

**Work Stream 5:** Safeguarding Improvement Plan: From Good to Outstanding

**Key Aim:** To move practice from good to outstanding.

**Outcomes (Key deliverables):**

1. Gap analysis against new framework and improvement actions identified
2. Self assessment updated
3. Programme of focused development.
3. Practice improves in identified areas

**ACTION PLAN**

All Key Del	Actions	Description (including PIs)	Lead	Dependencies on other actions/work streams	Start Date	Target End Date
1.	Undertake a detailed analysis of practice against the inspection report and the new Ofsted	<p>Ensure focus on a child's journey through the child protection system</p> <p>Update self assessment against revised</p>	AD/HOS	Workstream 1	September 2012	Oct 2012

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	Inspection framework evaluation schedule to identify strengths and areas for development.	inspection framework  Identify areas judged to be in need of improvement to achieve an Ofsted judgement of outstanding.				
2.	Develop an agreed timed development plan for 2012/13 for areas assessed as requiring further improvement.	Revise quality assurance strategy and mechanisms for delivering the plan, including an Operational Management Improvement Group and a programme of workshops in identified areas.	AD/HOS		September 2012	February 2012
3.	Test the effectiveness of development work for areas requiring further development through regional peer challenge	Two day regional support session "Preparing for Peer Review" to be planned and to take place within the local authority and with partners Peer review focused on areas self assessed as requiring further acceleration to secure "outstanding" Revise action plan	DCS/AD/HOS		February 2013  March 2013	February 2013  April 2013
4.	Review and where necessary revise current policies, frameworks and procedures	Evaluate and address the implications of revisions to "Working Together to Safeguard Children" Revise in-house practice guidance and policies Carry out an audit against Munro recommendations Address equality and diversity issues.	HOS QA HOS Child Poverty, Early Intervention & Prevention	Engagement of other agencies and ICT solutions  Workstreams 1 & 9	September 2012	Review February 2013
5.	Support early help/early intervention by developing the use of the CAF	Train colleagues in partner agencies in undertaking CAFs e.g. schools, GPs, health visitors. Devise outcome and impact measures in relation to CAF and early help			September 2012	Review Feb 2012
6.	Regularly review the sufficiency of social work capacity to manage the work of the service.	Link to recruitment strategy	AD, HoS/TMs/HRBP	Social work posts are filled	September 2012	October 2012  Review every two months
7.	Ensure that children, young people and their parents/carers contribute to service design and delivery.	Involve increased numbers of children and young people, both children who are in need and in care, in expressing their views and improving services. Ensure that the child's voice is routinely sought and recorded	AD/HOS/Participation Officer/ Complaints Officer/HOS QA		June 2012	Review February 2013



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		Establish focus groups both for young people and for parents Analyse themes from complaints and complaint responses and embed actions from lessons learned				
8.	Work with partners to reduce the incidence of domestic violence	Develop and commission an appropriate range of services to respond to and reduce the impact of domestic abuse on children and young people Work with services and forums e.g. MARAC to reduce referrals from Police due to DV identified families due to the success of DV programmes.	Domestic Abuse Strategy Implementation Group and HOS Safeguarding  HOS Safeguarding and Children in Care/Police	CYPP Priority 2 Objective 4	September 2012	Review February 2013

### Work Stream 6: Looked After Children Improvement Plan

**Key Aim:** To move practice to good

**Outcomes** (Key deliverables):

1. Self assessment updated
2. Improvement actions identified to move practice to good
3. Gap analysis carried out against new Inspection Framework
4. Improvement plan reviewed and amended to move practice to good and outstanding.
5. Evidence of improved practice

#### ACTION PLAN

All Key Del	Actions	Description (including PIs)	Lead	Dependencies on other actions/work streams	Start Date	Target End Date
1.	Update Self Assessment	Audit and evaluation of the work undertaken in Ofsted action plan workstream 4 to demonstrate improvements in service and areas requiring further development.  Establish and maintain an evidence bank to demonstrate improvement in all aspects of the care and well being for all LAC  Review current performance framework for LAC.	HOS QA/HOS SG and LAC	WS 1, 2, 3, 4.	September 2012	October 2012
2.	Refresh Service Improvement plan	Plan takes account of areas highlighted in self assessment as requiring further	HOS	Workstreams 1, 2, 3, 4 and see below	October 2012	Review February 2013

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		improvement.				
3.	Apply a gap analysis to the new inspection framework when published.	Self assessment updated to meet criteria in new inspection framework.  Likely to include looked after children, fostering and adoption in one inspection schedule.	HOS LAC HOS Fostering and Adoption	Work Streams 1,2,3,4	February 2013	April 2013
4.	Test the effectiveness of development work for areas requiring further development through regional peer challenge	Training in Eastern Region peer review process  Peer review focused on areas self assessed as requiring further acceleration to secure "outstanding"  Review and update improvement plan	DCS/AD/HOS   Ad/HOS		November 2012  February 2013  February 2013	November 2012  February 2013  Dec 2013
5.	Draw up LAC service Improvement Plan under new inspection schedule.	Improvement Plan to be developed in light of gap analysis, performance indicators, current structure of the service and peer review.	HOS LAC HOS Fostering and Adoption	WS1,2,3,4.	February 2013	Dec 2013
6.	Establish a multi-agency Children in Care Operations Group.	Deliver improved outcomes for all LAC by:  Building ownership of the LAC Strategy and Pledge.  Building on partnership working jointly to improve all LAC outcomes. These, to be monitored through reports to Children's Trust and Corporate Parenting Panel	HOS LAC Health Education TM CWD	WS1,2,3,4.	September 2012	Review February 2012
7.	Improve capacity and choice in placements for all LAC	Evaluate, review and update Placement Strategy  Improve placement stability through recruitment of a larger pool of foster carers and through commissioning arrangements  Draw up Local Adoption Action Plan in response to the new governmental requirements.  Put in place adoption tracking meeting	HOS Fostering and Head of F and A/HoS LAC   AD/HoS, A and F  AD/HoS, A and F	WS 1, 4 Key Deliverable 6	May 2013	June 2013

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8.	Produce local response to the recommendations of the Family Justice Review	Ensure that the local authority does not contribute to delay in Care Proceedings and assists in meeting the Family Justice Review's time scale of 26 weeks' completion time for Care Proceedings.	HOS LAC HOS Legal TM LAC		September 2012	Review Dec 2013
9.	Improve consultation and engagement with all LAC and Leaving Care young people	<p>Social worker visits at least within statutory timescales and more frequently where this is important for the child.</p> <p>IROs to continue to see children and young people before Reviews</p> <p>Improve very significantly the numbers of children and young people who are engaged with the Participation Officers and with the Children in Care Council</p> <p>Ensure feedback to LAC if they have influenced particular developments.</p> <p>Build a website for all LAC and Care Leavers.</p>	<p>Allocated social workers/ IROs</p> <p>Manager, Children in Care and Care Leavers</p>	WS 1,3,4.	September 2012	Review Dec 2012
10.	Improve the Educational Attainment of each individual looked after child	<p>Head of Virtual School for Children in Care to take the lead in proactively working with schools.</p> <p>Ensure that all children have PEPs in place and that they are reviewed</p> <p>IROS to ensure oversight and challenge about education issues through the review process and QA.</p> <p>Quarterly monitoring and reporting model to be developed demonstrating outcomes and improvements, for individual LAC and LAC population.</p> <p>The Virtual School to identify actions and services that can increase attainment through the personal education plan.</p>	<p>Head of Virtual School for Children in Care/HoS Learning &amp; School Support, Manager, Children in Care. Head of Virtual School/Manager, Children in Care and Leaving Care HOS QA and CRS.</p> <p>HoS Learning &amp; School Support/Head of Virtual School</p>	Workstream 4 Key deliverables 7, 8 & 9	September 2012	Review Dec 2012

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11.	Ensure that the structure of the Children in Care and Leaving Care Teams delivers the best possible service to children and young people	Review the structure of the service  Create smaller teams with Team Managers rather than DTMs, whereby managers have close knowledge of cases and care planning. (Munro recommendations)  Consider splitting the service further by the creation of a Team Manager post for Leaving Care Service	AD/DCS		September 2012	Dec 2012
12.	Develop the capacity of the Children's Trust to provide effective scrutiny and challenge to partners to improve outcomes for looked after children.	Review existing performance monitoring arrangements and make recommendations to the Children's Trust Board.	HOS Partnerships, Performance and Workforce Development		September 2012	Review Dec 2012
13.	Ensure that planning and practice takes account of needs arising from disability, culture, gender, sexual orientation, religion and language	Audit of practice  To be delivered as part of workstream 9	HOS	Workstream 9	September 2012	Review February 2013 as part of peer challenge

### Work Stream 7 Health Improvement Plan (safeguarding)

#### Key Aim:

To advance improvements in the contribution of health agencies to keeping children and young people safe in Central Bedfordshire

#### Outcomes (Key deliverables):

1. Effective SARC pathways for children under 13 years of age
2. Self referral to SARC/ Professionals referrals to SARC
3. Effective Undercover Condom Card scheme
4. Awareness of CDOP procedures
5. Achieve rates of teenage conception at or below national average in hot spot areas
6. To establish efficacy of commissioning & provider training strategies
7. Seamless collaborative interagency working to ensure GP engagement in child protection process is consistent resulting in effective communication & information sharing
8. Involvement of LADO in all appropriate cases
9. Review contractual arrangements with tertiary centres to ensure standardised discharge is addressed planning
10. Ensure practice moves from adequate to at least good through evaluating practice as part of the Eastern Region Peer Review programme for Central Bedfordshire, Bedford Borough and Luton.

### ACTION PLAN

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Key Del	Actions	Description (including PIs)	Lead	Dependencies on other actions/work streams	Start Date	Target End Date
1.	To audit cases that use the SARC service	Pathway in place but efficacy unknown	Designated Doctor Safeguarding children  Sexual Health Commissioning Manager - Bedfordshire	Commissioning arrangements continue  Demand for service continues	May 2012	March 2013
2.	Ensure availability of suitably trained professionals for 24/7 response	Current resource gap – pathway to be developed	Designated Doctor Safeguarding children  Sexual Health Commissioning Manager - Bedfordshire	To recruit suitably qualified professionals	May 2012	March 2013
3.	Carry out audit, user satisfaction, impact on STI infection rate in target group	Impact unknown	Designated Doctor Safeguarding children  Sexual Health Commissioning Manager - Bedfordshire	Clear commissioning arrangements  Joint working with Public Health	June 2012	ongoing
4.	Structured liaison & awareness raising with GPs on CDOP process	Quarterly information sessions on awareness of CDOP arranged.  Standard topic on LSCB safeguarding children training.  Annual report shared with GP's & other healthcare staff.  Public messages shared via newsletter.	CDOP manager	Commissioning & funding arrangements	May 2012	Ongoing
5.	Analyse the impact of sexual health & contraceptive services on the rate of teenage conceptions	Implement post analysis recommendations.  Targeted work in hotspot areas.  Identify risk areas	Public Health team		June 2012	Ongoing
6.	To review current training arrangements with independent contractors via arranged workshop Providers to review training strategies to establish efficacy	Standardise impact audit of training efficacy across health providers.  Training strategies to be in line & informed by regional training matrix & national drivers.	Designated Office  All providers		May 2012	ongoing

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7.	Recommend that Children's Social care review the times of child protection meetings to accommodate engagement of GP's & explore alternative methods of engagement to ensure effective communication & information sharing	Undertake discussions with Social Care colleagues to explore alternatives.  Designated doctor meeting with all GP practices in Bedfordshire to discuss their involvement in the Child Protection arena	Designated doctor for Safeguarding  Named GP for Safeguarding	Collaborative working with GP's & Local Authority	May 2012	ongoing
8.	Awareness raising among all health care professionals on the need to use the LADO service appropriately  Referrals discussed at quality schedule meetings	Ask providers to ensure LADO policy in place and disseminated to all appropriate managers within the organisation.  Training of staff at Safeguarding Training.  Evidence submitted as part of quality schedule & monitoring arrangements	Designated Office  Provider organisations	Engagement with Local Authority LADO & receipt of 6 monthly reports	May 2012  May 2012	ongoing  ongoing
9.	Address discharge planning processes for children accessing tertiary services.	Seek users' views to inform future service provision.  Make links with tertiary services and work to resolve issues.	Commissioning leads		June 2012	ongoing
10.	Evaluate practice through peer review	Review focused on areas self assessed as requiring further acceleration to secure at least adequate  Revise action plan to address any issues from review		Funded through Regional Improvement Board	February 2013  February 2013	Feb 2013  Dec 2013

**Work Stream 8:** Looked After Children Health Improvement Plan

**Key Aim:** To move practice to at least adequate and on to good

**Outcomes** (key deliverables):

1. Ensure that those looked after children known to the disability services have their annual health review linked to, or held at the same time as, their disability review to reduce the number of assessments and appointments that the child/young person is expected to attend.
2. CAMH services in place to promote resilience and support stability of LAC placements
3. Ensure consistent content and quality of health files.
4. Ensure health action plans include specific and measurable objectives and that these are monitored.
5. Ensure that the cultural and religious needs of LAC are recorded and assessed as part of the health assessment.
6. Increase choice of venue and times for health reviews.

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7. Ensure there are no delays in obtaining signed consent from Social Care
8. Ensure LAC Health are promptly informed of any changes in placement of LAC
9. Ensure LAC are 'flagged' on GP information systems to improve information sharing.
10. Ensure appropriate and timely information sharing between LAC Health service and Adoption Medical adviser.
11. Redesign LAC health service to effectively meet the needs of LAC and care leavers in Central Bedfordshire
12. Ensure practice moves from inadequate to at least adequate through evaluating practice as part of the Eastern Region Peer Review programme for Central Bedfordshire, Bedford Borough and Luton.

### ACTION PLAN

Key Del	Actions	Description (including PIs)	Lead	Dependencies on other actions/work streams	Start Date	Target End Date
1.	Put in place a system to enable the Annual Health review to take place at the same time as the disability review	Identify opportunities to streamline the process for children with disabilities	Designated Nurse LAC  Head of Children with Disability (Central Bedfordshire Council)		July 2012	Feb 2013
2.	Redesign CAMHS LAC team to ensure focus on early intervention and prevention	Agree service specification and implement new service model	Commissioning Manager – Central Bedfordshire Council	Agreement with Bedford Borough Council	July 2011	Sept 2012
3.	South Essex Partnership University NHS Foundation Trust to provide a selection of Initial Health Assessments for Peer review and audit to the Designated Doctor for looked after children on a quarterly basis.	10 anonymised records per named Doctor to be sent via secure email for audit/peer review to ensure content and quality is consistent.	Deputy Chief Operating Officer (SEPT) & Designated Doctor for LAC		May 2012	July 2012
		Learning and improvement to be fed back by Designated Doctor and monitored at LAC Health group	Deputy Chief Operating Officer (SEPT) & Designated Doctor for LAC		June 2012	Oct 2012
4.	South Essex Partnership University NHS Foundation Trust to ensure that health action plans include specific, measurable objectives and that these are implemented and actions	Health Action plans to be audited by Designated office to measure progress and ensure action plan leads to positive outcome	Deputy Chief Operating Officer (SEPT) Designated Doctor and Nurse for LAC		July 2012	Sept 2012

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	recorded					
5.	Ensure consideration of each child's cultural and religious needs at each assessment and that this is recorded in health plans as necessary	Health Action plans to be audited by Designated office to measure progress and ensure action plan leads to positive outcome	Deputy Chief Operating Officer (SEPT) & Designated Doctor and Nurse		July 2012	Sept 2012
6.	Ensure that a choice of locations is offered when booking health reviews.  Raise awareness of the need to offer choice of venue for review assessments to 0-19 team Health care professionals undertaking LAC health assessments	Health assessments are undertaken in a variety of locations and venues dependent on the needs of the service users. Monitor feedback from carers and LAC and respond accordingly  Increase capacity of LAC Health team to ensure added flexibility to respond to individual need	Deputy Chief Operating Officer (SEPT)		July 2012	Dec 2012
7.	Review procedures for obtaining signed consent from Children's Social Care	Agree protocols	Head of Social Care		July 2012	Sept 2012
8.	Review procedures for ensuring that LAC Health professionals are promptly informed of any changes in placement of LAC	Agree procedures	Head of Social Care		July 2012	Sept 2012
9.	Ensure LAC are "flagged" on GP information systems to improve information sharing.	Designated Doctor to work with GP contracting lead/ Named Nurse to develop process to enable timely flagging of LAC in GP surgery	Designated Doctor		July 2012	Nov 2012
10.	Put in place process/protocol to ensure appropriate sharing of information between LAC health team and adoption medical adviser	Develop protocol and functioning pathway. Audit of pathway once in place	Designated Doctor	Adoption advisers/LAC Health Team	July 2012	Jan 2013
11.	To have effective LAC Health service in place, shaped by clinicians,	Service to meet identified needs of all stakeholders	Head of Partnership Commissioning/Children's Commissioning Managers		May 2012	April 2013



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	partners and LAC and care leavers.					
	Stakeholder engagement				May 2012	July 2012
12.	Evaluate practice through peer review	Review focused on areas self assessed as requiring further acceleration to secure at least adequate  Revise action plan to address any issues from review		Funded through Regional Improvement Board	February 2013  February 2013	Feb 2013  Dec 2013

**Work Stream 9: Equality and Diversity Improvement Plan**  
**Key Aim:** To ensure that equality and diversity factors are addressed in planning and practice  
**Outcomes** (key deliverables):

1. Assessment, planning and review address equality and diversity factors.
2. Planning takes into account needs arising from disability, culture, gender, sexual orientation, religion and language.
3. Work to narrow the gap in attainment takes account of children's diverse backgrounds.
4. Management Teams identify key issues and support needs and associated training needs.
5. Equality Impact Assessment and audit processes inform the development of statutory plans and policies and influence practice.
6. Key themes/issues identified and plans in place to deliver them.
7. Leadership of equality and diversity secured.

### ACTION PLAN

Key Del	Actions	Description (including PIs)	Lead	Dependencies on other actions/work streams	Start Date	Target End Date
7	Identify a Children's Services Equality & Diversity Champion	Identify and share good practice;  Oversee the delivery of the Ofsted action plan;  Promote equality and diversity across the Children's Services Directorate.	CSMT	All	July 2012	December 2013
1, 2, 3, 4	Develop a cultural awareness programme	Cross Directorate programme to improve the quality of assessment and planning for children and their families.	Equality & Diversity Champion supported by Corporate Policy Adviser	All	September 2012	December 2012
1, 2 & 4	Compare CBC practice with that of councils judged good	Identify good practice and apply to CBC areas identified as requiring development	HOS/Team leaders	All	September 2012	December 2012
	Audit of practice	Audit/review/sampling of assessments,	HOS	Establishment of review	September	December 2013

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		plans and reviews		processes and criteria	2012	
	Identify and meet training needs	Awareness raising for Extended Management Team  Rolling programme of Equality & Diversity training for Children's workforce	Head of Partnerships Performance and WFD / Corporate Policy Adviser	All	Summer 2012	December 2013
2.	Review the range of data collected across the Directorate and how it is used to inform practice.	Ensure that the collection and analysis of data is comprehensive and supports the identification of development areas;  Map LAC/other groups against ward data and link to early intervention programmes.	Equality & Diversity Champion/Head of Partnerships Performance and WFD			
5 & 6.	Rolling programme of equality audits	Establish programme of monthly team audits First audits to be carried out in LAC Team and Intake & Assessment Team.	Equality & Diversity Champion supported by Corporate Policy Adviser	Effective identification of equality and diversity issues in all workstream briefs	July 2012	December 2013
	Identification of key themes for in depth work	Common themes identified from monthly team audits and national research. Areas for in depth work agreed by CSMT e.g. Show Racism the Red Card; Domestic Violence; children with disabilities, child poverty, homophobia, Violence Against Women and Girls, School exclusion	CSMT	As above	December 2012	December 2013
	Recognition of good practice through Awards	Share existing examples of good practice across the Directorate Identify good practice in Children's Services Work with the Corporate Policy Adviser on readiness criteria for submission	HOS/Corporate Policy Adviser/ Equality & Diversity Champion	KD 1 & 2	September 2012	December 2013
7	Commentary/feedback on equality and diversity implications in Children's Trust and LSCB reports	Analysis and feedback to report authors identified good practice and areas for development to ensure that all reports reflect best practice and the voice of children, young people and their families.	Head of Partnerships Performance and WFD and LSCB Business Development Manager supported by Corporate Policy Adviser and identified report authors	N/A	September 2012	December 2013
2	Monitor the Council's Progress in the achievement of its stated Equality Objectives	Checking progress on Council equality targets in relation to child poverty, attainment, housing, transport employment, skills, health & community safety	Equality & Diversity Champion/Head of Partnerships Performance and WFD and Corporate Policy Adviser	All	September 2012	December 2013