

**Children's Services action plan following Safeguarding Peer Review  
September 2015**

<b>Issue</b>	<b>Action</b>	<b>Date to be completed</b>	<b>Ownership</b>	<b>Evidence</b>	<b>Completion status</b>
Ensuring suitable levels of competencies (skill mix) are available to ensure service provision is not dependent on a key individual	Service managers to satisfy themselves their staff are skilled up to cover operational areas	Immediate, with a review date of 30 <sup>th</sup> October 2015.	Alison Crowe/Luke Froment	Mini audit (1 page summary) + paper detailing the substitutes in case of staff absence	Completed
Review process for young people in care transferring to 16+ team, to ensure it is YP focused and flexible	Service manager to review present policy to ensure its clear and reflects our present flexible practice	30 <sup>th</sup> November 2015	Luke Froment	All young people aged 16+ individual needs and circumstances are considered and taken into account prior to cases being transferred to the 16+ team	Completed
Review process for receiving and acting upon all referrals of children in households, subject to domestic abuse. To satisfy ourselves that referrals are being received in a timely manner (from all external agencies) and that prompt child focused action is being taken by children's services	A brief urgent review of JDATT to highlight any immediate practice issues.	Brief review to be completed 12 <sup>th</sup> October 2015	Brief Review – Laurence Doe in consultation with Ruth Baker.	Brief internal review completed. Wider discussions on-going with statutory and voluntary sector partners. Regular operational reviews by children's services managers.	Completed
Support for all Domestic Abuse referrals who do not meet criteria for statutory social work intervention. To ensure prompt referrals are made to early help or alternative services.	Awareness of alternative support available to be raised with front line practitioners and an audit of referrals not accepted by First Contact to be completed by service	17 <sup>th</sup> October 2015	Alison Crowe/Julia Mackenzie/Carol Compton	All medium risk cases that do not meet SW criteria are referred to Early Help	Completed

	manager.				
Capacity to hold Family Group Conferences	A brief review of cases awaiting FGC and numbers of staff available to chair FGCs, with identification of additional capacity if required.	30 <sup>th</sup> November 2015	Ruth Baker	FGC will sit in within our Early Help service, we will need to develop further capacity to facilitate these meetings.	On-going
Are cases closed to quickly	Ten recent cases to reviewed with a short report prepared.	December 2015	Laurence Doe	Audit report to be produced	
Strategic issues relating to domestic abuse	<ul style="list-style-type: none"> <li>• Clarification of how information is collated to ensure we have an overall analysis of DA in Southend</li> <li>• Review existing assessment tool</li> <li>• Review and identify services for perpetrators (internal and external)</li> <li>• Involvement of fathers</li> <li>• Southend focus review of MARAC</li> </ul>	Initial report by 30 <sup>th</sup> November 2015	<p>Laurence Doe in consultation with Carol Compton and Ruth Baker</p> <p>James Williams leading on DA Andrew Fiske on Housing re Refuge etc</p>	Group manager has completed initial report, which has indicated further work/action required. A new programme to work with perpetrators facilitated by a forensic psychologist has been commissioned by public health. Agreement has been reached to provide a Southend MARAC with an operational start date of 1 <sup>st</sup> April 2016.	Initial Report – Complete Practice Issues – on-going
Case audits, practice is too variable and ream managers need to be involved in more frequent audits. Case audits should impact on the outcome for the child	<ul style="list-style-type: none"> <li>• Monthly bulletin for staff showing themes for audits (positive and areas to develop)</li> </ul>	<ul style="list-style-type: none"> <li>• Bulletin wef November 2015</li> <li>• Team</li> </ul>	Laurence Doe	LL to organise Management Decision Sheet for last bullet	Part completed - Team Managers are included in Audits

	<ul style="list-style-type: none"> <li>• Team managers to be included in completing monthly audits</li> <li>• Team managers to be responsible for ensuring any cases judged to be inadequate are reviewed in a 121 meeting with the practitioner within 7 days of the audit.</li> </ul>	<p>managers audits wef October 2015</p> <ul style="list-style-type: none"> <li>• Case action on inadequate audits immediately</li> </ul>			<ul style="list-style-type: none"> <li>- Immediate action is commenced on inadequate audits</li> </ul>
Supervision and accountability	<ul style="list-style-type: none"> <li>• Supervision to be recorded on case file within 5 days to include rationale for decision</li> <li>• If practitioners are supervised by someone who is not their line manager the practitioner must have clarity as to who has management responsibility</li> </ul>	Immediate implementation	Oversight by all Group Managers Implementation by all staff who provide supervision		Process in place, to be reviewed by on-going case audits.
Strengthening families report format and risk statement to parents/carers	Principle Reviewing Officer to review report format, training for conference chairs and risk statements to parents/carers	24 <sup>th</sup> October 2015	Sue Williams	Completed	<ul style="list-style-type: none"> <li>- Report prepare for LSCB</li> <li>- Format for reports to Child Protection Conferences is being reviewed</li> </ul>
Early Help	An updated threshold document to be produced setting out our early help offer and toolkit	30 <sup>th</sup> November 2015	Sarah Thomas	A draft is in place but there has been a slight delay in this work being	Revised Completion date 10 <sup>th</sup> Jan 2016

				concluded, due to personal circumstance of the author.	
Annex A Ensure all documents are up to date	Immediate review of Annex A and thereafter on a monthly basis. Full consideration to be given to the table produced by the Peer Review team	Immediate review to be completed by 7 <sup>th</sup> October 2015, thereafter on a monthly basis	Jenni Naish/Tom Dowler with senior operational input from Diane Keens/Ruth Baker		Review completed Annex A updated with input from Group Manager.
De-escalation Process	Policy reviewed with staff Criteria document produced	End November 2015	Sue Williams	Reported completed. Due to be presented to CSMT.	Report due at January CSMT.