



# Darlington Borough Council

Children's Services Improvement Plan 2016-17

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## Children's Services Improvement Plan

**Recommendation 1:** Ensure robust management oversight of the single assessment process at both first tier and senior management level, so that children and families are seen and risks evaluated within timescales that meet the child's need. **(NEIL HOLDEN)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
CSC 038	% of children & families assessments completed within 45 working days	Neil Holden	90%
CSC 058	% of children & families assessments completed within 25 working days	Neil Holden	60%
CSC 078	% of children & families assessments completed within 15 working days	Neil Holden	40%
CSC 098	% of children & families assessments completed within 10 working days	Neil Holden	25%
CSC 176	% of cases where ICPC is held within 15 days of the initial strategy discussion	Pixley Clarke	100%

Action	Task Lead	Start Date	Completion Date
<b>Revise systems and approaches to ensure consistency.</b>	<b>Pixley Clarke</b>	<b>Sept 2016</b>	<b>Dec 2016</b>
1. Ensure that all Social workers and managers take a consistent approach using the assessment and risk tools contained in the Assessment Guidance in LSCB Procedures and Darlington Procedures	Denise Moore	Sept 2016	Dec 2016
2. Ensure that there is a systematic approach to auditing which captures progress and key learning	Pixley Clarke	Sept 2016	Dec 2016
3. Ensure that the training programme reflects the assessment and risk framework as well as the learning from the audit summaries	Martin Webster	Jul 2016	Sept 2016
4. Ensure that any changes to assessment procedures identified are assimilated into the framework	Jenny Lumley	Aug 2016	Sept 2016
5. Remodelling of 'front door' processes and safeguarding procedures to ensure that children's needs are assessed in a timely and consistent way	Claudious Madembo	Jul 2016	Dec 2016

Action	Task Lead	Start Date	Completion Date
<b>Improve the quality of practice in the priority areas of assessment, care planning and neglect enabling consistent practice and the production of better quality reports.</b>	<b>Neil Holden</b>	<b>Aug 2016</b>	<b>Mar 2017</b>
6. Enhance the quality of practice and ensure consistency in <i>assessments</i> to ensure that: the right information is gathered; the right people are included; voice of the child is evidenced; risks are identified; analysis is robust; decision making is clear; and they are completed within the child's timescales.	Neil Holden	Aug 2016	Dec 2016
7. Embed effective <i>care planning</i> to ensure that: strengths and concerns are identified, maximising the strength of the family; all resources from the wider family and professionals are involved in the planning and intervention; voice of the child is evidenced; actions are SMART; and it is regularly reviewed against the outcomes required; analysis is robust; decision making is clear; and they are completed within the child's timescales.	Neil Holden	Sept 2016	Dec 2016
8. Increase the focus on <i>neglect</i> to ensure that children suffering from long term neglect are identified and where appropriate services / interventions are provided.	Neil Holden	Oct 2016	Mar 2017
<b>Enhance audit programme ensuring that it informs workforce development.</b>	<b>Pixley Clarke</b>	<b>Jul 2016</b>	<b>Apr 2017</b>
9. Revise the thematic audit programme to focus on key elements of practice, providing monthly assurance of improvements	Pixley Clarke	Jul 2016	Sept 2016
10. Implement new audit tool to complete programme of reviews	Pixley Clarke	Jul 2016	Aug 2016
11. Develop consolidating good practice training to deliver amended programme for 2016/17 including bite size modular approach	Martin Webster	Jul 2016	Aug 2016
12. Ensure workforce development programme is linked with audit programme to ensure the timely translation of audit lessons into training sessions	Pixley Clarke	Aug 2016	Apr 2017

Action	Task Lead	Start Date	Completion Date
<b>Establish a robust and effective Quality Assurance Framework and mechanisms to drive continuous improvement in practice.</b>	<b>Pixley Clarke</b>	<b>Apr 2016</b>	<b>Oct 2016</b>
13. Develop a Quality Assurance Framework incorporating best practice and all service standards	Pixley Clarke	Apr 2016	Sept 2016
14. Communicate the QA Framework to staff and ensure appropriate understanding across the organisation	Pixley Clarke	Sept 2016	Oct 2016
15. Integrate quality assurance within the performance framework and reporting cycle	Mark Gwynne	Sept 2016	Sept 2016
16. Ensure that all procedures have clear timescales for update and review	Jenny Lumley	Aug 2016	Sept 2016
<b>Review policy and procedures to ensure they are up to date and relevant, incorporating learning from good practice.</b>	<b>Jenny Lumley</b>	<b>Jul 2016</b>	<b>Sept 2016</b>
17. Review existing policies and procedures to ensure that they are up to date and incorporate learning from good practice, audits and case reviews	Jenny Lumley	Jul 2016	Sept 2016
18. Develop a review cycle of council policy, practice and guidance to ensure that it represents good practice and is presented at the LSCB Procedure Group to ensure multi-agency policies are reflective of any changes	Pixley Clarke	Jul 2016	Sept 2016
<b>Strengthen decision making within CAP / MASH.</b>	<b>Yvonne Coates</b>	<b>Apr 2016</b>	<b>Dec 2016</b>
19. Ensure that there is a clear and robust Risk Assessment process, clarifying thresholds and requirements that is effectively communicated across social work teams and partners	Claudious Madembo (see 7 above)	Aug 2016	Sept 2016
20. Complete the full service review of CAP / MASH to establish a new working model including a threshold document	Claudious Madembo	Apr 2016	Dec 2016
21. Implement changes to ensure the timeliness and the quality of decision making is enhanced to drive improvement in services.	Claudious Madembo	Aug 2016	Oct 2016

**Recommendation 2:** Drive improvement through the quality assurance of assessments that ensures that all areas of risk to children are addressed, historical information is considered and analysis is robust, so that children’s needs, including the need for protection, are fully addressed. **(NEIL HOLDEN)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
CSC 337	% of assessments rated as good	Pixley Clarke	60%
CSC 338	% of assessments rated as requires improvement	Pixley Clarke	30%
CSC 339	% of assessments rated as inadequate	Pixley Clarke	10%

Action	Task Lead	Start Date	Completion Date
Contained within Recommendation 1 above	As above	Sept 2016	Dec 2016

**Recommendation 3:** Improve the quality and timeliness of social work reports prepared for child protection conferences, ensure that initial child protection conferences are held within timescales that accord with statutory guidance, and ensure core groups are recorded effectively. **(NEIL HOLDEN)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
CSC 176	% of cases where ICPC took place within 15 days of the initial strategy discussion	Pixley Clarke	100%

Action	Task Lead	Start Date	Completion Date
<b>Improve the quality and consistency of social work reports to child protection conferences.</b>	<b>Pixley Clarke</b>	<b>Jul 2016</b>	<b>Dec 2016</b>
1. Develop a set of standards for quality assuring social work reports to child protection conferences to ensure there is improved quality and consistency of reports	Pixley Clarke	July 2016	Aug 2016
2. Ensure that quality assurance activity undertaken by IROs reflects the agreed standards to guarantee consistency by IROs when monitoring social work reports	Paula Shepherd	Aug 2016	Aug 2016
3. Ensure that there is a shared understanding of those standards by social workers, managers and IROs	Neil Holden	Aug 2016	Sept 2016
4. Team managers to Quality assure social work reports to ensure they meet agreed standards and timescales prior to submission to the Safeguarding unit to reduce the number of conferences that are stood down	Denise Moore	Aug 2016	Dec 2016
<b>Improve management control and reporting arrangements to ensure that timeliness and quality achieve and maintain the required standards.</b>	<b>Neil Holden</b>	<b>Aug 2016</b>	<b>Dec 2016</b>
5. Establish an interim process for monitoring distribution of notes of core group and ensuring that these meet acceptable standards	Denise Moore	Sept 2016	Dec 2016
6. Ensure that the reporting within Liquidlogic is available and captures: timeliness of core groups and ICPCs and the distribution of notes of meetings	Neil Holden	Sept 2016	Dec 2016
7. Identify training needs around the quality assurance process and provide training to meet these needs	Pixley Clarke	Aug 2016	Sept 2016

**Recommendation 4:** Review the current configuration of social work teams to ensure equity in workload distribution and that the working environment is conducive to good social work practice across the whole of the service. **(JANE KOCHANOWSKI)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
CSC 340	% of substantive posts that are filled by agency social workers	Jane Kochanowski	15%
CSC 341	Average caseload of qualified social workers (excluding ASYE)	Jane Kochanowski	19
CSC ....	Average caseload of ASYE social workers	Jane Kochanowski	10
CSC 342	Average number of years post qualification experience	Jane Kochanowski	TBC

Action	Task Lead	Start Date	Completion Date
<b>Enhance skills to improve the quality of practice.</b>	<b>Jane Kochanowski</b>	<b>Jul 2016</b>	<b>Dec 2016</b>
1. Review and implement new fully funded structure to include extra team manager and social workers enabling reduced caseloads to be sustained	Jane Kochanowski	Jul 2016	Sept 2016
2. Stabilise the workforce through recruitment and retention of suitably qualified and experienced permanent social workers	Jane Kochanowski	Apr 2016	Jul 2017
3. Incorporate monthly reporting on staff movements within the performance management framework	Corina Dias	Jul 2016	Sept 2016
4. Build on the Recruitment & Retention Plan 2016/17 to create a longer term Recruitment & Retention Strategy for marketing Darlington to attract and retain good quality social workers	Jane Kochanowski	Jul 2016	Dec 2016
<b>Review Social Work Teams as part of creating a coherent and sustainable structure.</b>	<b>Jane Kochanowski</b>	<b>Apr 2016</b>	<b>Dec 2016</b>
5. Learn from the consolidation of the Assessment & Safeguarding teams to inform future structural changes creating more resilience and joined-up working	Jane Kochanowski	Aug 2016	Dec 2016

Action	Task Lead	Start Date	Completion Date
6. Complete review of the CAP and MASH and implement required changes to teams and working practices	Yvonne Coates	Apr 2016	Dec 2016

**Recommendation 5:** Review processes and resources available for performance monitoring at all levels of the organisation and ensure that robust arrangements are put in place as a matter of urgency. **(MARK GWYNNE)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
There are no performance indicators associated with this recommendation			

Action	Task Lead	Start Date	Completion Date
<b>Development of robust performance reporting mechanisms.</b>	<b>Mark Gwynne</b>	<b>May 2016</b>	<b>Dec 2016</b>
1. Revise top level performance scorecard to align with Improvement Plan, bringing in quality of practice aspects and demonstrate progress in key measures	Mark Gwynne	May 2016	Jul 2016
2. Revise performance reporting cycle to enable accurate presentation of data along with robust analysis, enabling effective decision making	Mark Gwynne	Jul 2016	Sept 2016
<b>Liquidlogic implementation, data input and reporting functionality.</b>	<b>Sharon Raine</b>	<b>Jul 2016</b>	<b>Dec 2016</b>
3. Implementation of Liquidlogic with revised performance reporting functionality	Sharon Raine	Jul 2016	Sept 2016
4. Successful implementation and use of the standard reports of Liquidlogic including identification of any reporting gaps	Neil Holden	Jul 2016	Dec 2016



Action	Task Lead	Start Date	Completion Date
5. Develop performance reports to address any gaps and enable effective management oversight of practice	Sharon Raine	Aug 2016	Nov 2016
6. Develop and implement effective change control processes for Liquidlogic ensuring management oversight and accountability for system modifications	Sharon Raine	Aug 2016	Dec 2016
<b>Creation of a performance culture, ensuring that performance is owned by everyone.</b>	<b>Jane Kochanowski</b>	<b>Aug 2016</b>	<b>Dec 2016</b>
7. Provide clear leadership and direction to performance & quality clinics and develop hierarchy of meetings and performance discussions to ensure it becomes an integral part of every managers role	Jane Kochanowski	Aug 2016	Oct 2016
8. PDRs to identify and include specific areas for improvement and targets for individuals	Jane Kochanowski	Sept 2016	Dec 2016
9. Utilise performance and quality information to drive improvements in service processes and outcomes, recognise and celebrate success and to identify improvement priorities	Jane Kochanowski	Aug 2016	Dec 2016

**Recommendation 7:** Complete a thorough review of all children subject to section 20 accommodation to ensure that its use is legitimate and appropriate in all cases. **(NEIL HOLDEN)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
There are no performance indicators associated with this recommendation			

Action	Task Lead	Start Date	Completion Date
<b>Review of all children subject to S20 as of Dec 2015 and implement actions arising.</b>	<b>Neil Holden</b>	<b>Jul 2016</b>	<b>Dec 2016</b>
1. Implement the actions agreed in response to the Initial Audit (Jan 2016) and Re-audit (June 2016)	Neil Holden	Jul 2016	Dec 2016
2. Hold S20 review panel held to confirm that all actions from original cohort have been implemented and determine any further actions required	Pixley Clarke	Jul 2016	Aug 2016
<b>Review and improve audit processes and communicate these effectively.</b>	<b>Pixley Clarke</b>	<b>Aug 2016</b>	<b>Oct 2016</b>
3. Develop feedback process for all audits to ensure specific actions are communicated to the relevant social workers and managers and that broad themes are communicated to all appropriate staff	Pixley Clarke	Aug 2016	Sept 2016
4. Review the proposed audit programme and methodology to ensure that messages are clear and that the impact is positive	Pixley Clarke	Oct 2016	Oct 2016
5. Enhance quarterly reporting of audit activity to senior managers regarding the frequency, outcomes and learning	Pixley Clarke	Oct 2016	Apr 2017
<b><i>See Recommendation 10 for more actions around permanency planning</i></b>			

**Recommendation 8:** Ensure that independent reviewing officers (IRO) demonstrate rigour when overseeing both the quality and progress of plans, and the frequency of social work visits to children who are the subject of child protection plans. **(PIXLEY CLARKE)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
CSC 251	% of children who were subject to a CPP who had all statutory visits carried out within the required timescale	Neil Holden	80%

Action	Task Lead	Start Date	Completion Date
<b>Incorporate learning from IRO challenge within working practices.</b>	<b>Pixley Clarke</b>	<b>Jul 2016</b>	<b>Apr 2017</b>
1. Undertake a review of IRO challenges made to date	Pixley Clarke	Jul 2016	Aug 2016
2. Findings of the review inform content of training to be undertaken with IROs to ensure consistency of approach by IROs	Pixley Clarke	Sept 2016	Dec 2016
3. Ensure high standard of recording through improved focus, training and support for IROs	Pixley Clarke	Jul 2016	Apr 2017
4. Increase monitoring of challenges to evidence level of activity, themes and impact of challenges	Pixley Clarke	Aug 2016	Sept 2016
5. Enhance quarterly reporting to senior managers regarding the frequency, nature and outcome of IRO challenges to demonstrate learning and the impact of challenge with a focus on the child	Pixley Clarke	Oct 2016	Apr 2017
<b>Improve understanding of the IRO role and the importance of learning from effective challenge.</b>	<b>Pixley Clarke</b>	<b>Aug 2016</b>	<b>Apr 2017</b>
6. Ensure IROs work with team managers to develop understanding and raise awareness of the IRO role in challenging practice and share themes identified through the Dispute Resolution Process procedures enhancing the impact of the link role	Paula shepherd	Aug 2016	Dec 2016
7. Develop mechanism for ensuring that the training programme continually evolves to incorporate learning from IRO challenges	Martin Webster	Aug 2016	Sept 2016
8. Ensure the effective implementation and delivery of the training to demonstrate that it has supported embedding of improvements as a result of effective challenge	Pixley Clarke	Oct 2016	Apr 2017

**Recommendation 9:** When IROs challenge poor practice, make sure this is clearly recorded and monitored to ensure improvements are made and where necessary, a lack of progress can be formally escalated to senior leaders. **(PIXLEY CLARKE)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
There are no performance indicators associated with this recommendation			

Action	Task Lead	Start Date	Completion Date
<b>Improve mechanisms around IRO challenge, building on the newly revised Dispute Resolution Process introduced in April 2016.</b>	<b>Pixley Clarke</b>	<b>Jul 2016</b>	<b>Apr 2017</b>
1. Establish monthly monitoring and reporting on the level of activity, challenges and outcomes	Pixley Clarke	Aug 2016	Dec 2016
2. Implement quarterly reports to SMT highlighting impact of IROs on practice and themes arising from challenges	Pixley Clarke	Sept 2016	Apr 2017
3. Identify cases where there is lack of progress which need further escalation to Senior managers	Pixley Clarke	Jul 2016	Apr 2017
4. Ensure feedback is provided to teams on the themes and outcome of IRO challenges so that there is practice improvement and increased awareness of the improvements required	Paula Shepherd	Sept 2016	Apr 2017
5. Implement quarterly reporting programme, in line with performance cycle, highlighting the impact of IRO challenges on practice and identifying any emerging themes to inform training needs	Pixley Clarke	Oct 2016	Oct 2016

**Recommendation 10:** Ensure when children are looked after that decisions about their need for permanence are timely with robust oversight, including by IROs. **(NEIL HOLDEN)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
There are no performance indicators associated with this recommendation			

Action	Task Lead	Start Date	Completion Date
<p><b>Ensure that permanency planning is supported by clear, well communicated guidance that is understood by all relevant staff.</b></p> <p>1. Re-write the current <a href="#">Permanence Guidance</a> to ensure that it is up to date and fit for purpose</p> <p>2. Ensure that there are opportunities for all managers and IROs to develop a shared understanding of the revised guidance and that they are able to identify the principles of permanence</p>	<p>Jenny Lumley</p> <p>Jenny Lumley</p> <p>Jenny Lumley</p>	<p>Aug 2016</p> <p>Aug 2016</p> <p>Oct 2016</p>	<p>Dec 2016</p> <p>Sept 2016</p> <p>Dec 2016</p>
<p><b>Improve processes to support effective and timely decision making around permanency.</b></p> <p>3. Develop and implement a system to report S20 cases as they occur and ensure effective management oversight and control</p> <p>4. Ensure that the 2nd and subsequent LAC reviews that IROs monitor the permanence plan and that the plans are SMART and contain parallel planning</p>	<p>Neil Holden</p> <p>Neil Holden</p> <p>Pixley Clarke</p>	<p>Aug 2016</p> <p>Aug 2016</p> <p>Aug 2016</p>	<p>Nov 2016</p> <p>Sept 2016</p> <p>Nov 2016</p>

**Recommendation 11:** Ensure that return interviews are offered for all children who go missing and that the take-up of these interviews is monitored and information is used to inform plans to keep children safe. **(YVONNE COATES)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
There are no performance indicators associated with this recommendation			

Action	Task Lead	Start Date	Completion Date
<b>Improve interviews for children who go missing through successful mobilisation of the Barnardo's contract.</b>	<b>Yvonne Coates</b>	<b>Jul 2016</b>	<b>Aug 2016</b>
1. Ensure practice guidance is developed to ensure return interviews take place within the required timescales	Jean Langthorne	Sept 2016	Sept 2016
2. Develop a reporting mechanism to alert senior managers of multiple missing from home episodes and non-compliance with timescale for interviews	Jean Langthorne	Sept 2016	Sept 2016
<b>Improve intelligence gathering and analysis.</b>	<b>Neil Holden</b>	<b>Jul 2016</b>	<b>Dec 2016</b>
3. Ensure the successful implementation of Liquidlogic including the use of standard reports for missing and the identification of any gaps	Neil Holden	Jul 2016	Dec 2016
4. Develop a standard report for monitoring activity regarding CSE within Liquidlogic and to develop an intelligence led approach to information available to MEG	Neil Holden	Jul 2016	Dec 2016
<b>Improving risk assessment processes for CSE.</b>	<b>Jean Langthorne</b>	<b>Jul 2016</b>	<b>Sept 2016</b>
5. Test, review and implement a new risk assessment tool for CSE, learning from best practice, to ensure a robust approach	Jean Langthorne	Jul 2016	Sept 2016

Action	Task Lead	Start Date	Completion Date
6. Complete actions from independent CSE audit recommendations	Jean Langthorne	Jul 2016	Sept 2016
7. Review the findings and incorporate learning from the Durham Constabulary multi-agency audit into improved practice and processes	Jean Langthorne	Sept 2016	Oct 2016

**Recommendation 12:** Make sure that early help is effectively targeted, coordinated and evaluated so that families receive appropriate support when need is first identified, and the quality of early help assessments is improved by robust quality assurance arrangements. **(YVONNE COATES)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
CSC 001	Number of CAFs completed	Yvonne Coates	-
CSC 011	% of contacts leading to a referral	Yvonne Coates	35%
CSC 022	% of referrals completed within 24 hours	Yvonne Coates	90%
CSC 026	% of referrals completed in over 72 hours	Yvonne Coates	5%

Action	Task Lead	Start Date	Completion Date
<b>Review thresholds and multi-agency safeguarding arrangements at the front door.</b> <i>(also refer to recommendation 1)</i>	<b>Claudious Madembo</b>	<b>Jul 2016</b>	<b>Dec 2016</b>
1. Remap and streamline MASH processes from initial contact to disposal	Claudious Madembo	Aug 2016	Oct 2016
2. Review, update, reissue and publicise policy guidelines and threshold document to reflect new thematic issues in line with national legislation, e.g. CSE, radicalisation etc.	Claudious Madembo	Jul 2016	Oct 2016

Action	Task Lead	Start Date	Completion Date
3. Re-constitute and convene MASH Governance Structure (Strategic level Steering Group)	Claudious Madembo	Jul 2016	Oct 2016
4. Develop and ensure the delivery of bespoke training for all CAP / MASH Practitioners on thresholds, MASH processes, consent and information governance issues	Claudious Madembo	Sep 2016	Oct 2016
5. Review and re-issue the Inter-agency Referral Form to improve usability and access for referrers	Claudious Madembo	Oct 2016	Nov 2016
6. Design and adopt a front door (MASH) audit tool	Claudious Madembo	Aug 2016	Sep 2016
<b>Development of a performance framework and reporting model for Early Help.</b>	<b>Mark Gwynne</b>	<b>Oct 2016</b>	<b>Dec 2016</b>
7. Identify appropriate performance indicators for corporate reporting to demonstrate impact of changes to the process	Claudious Madembo	Oct 2016	Dec 2016
8. Implement new performance measures, update performance reports and establish targets	Mark Gwynne	Nov 2016	Dec 2016
<b>Establish multi-agency quality assurance framework for Early Help.</b>	<b>Deborah Archer</b>	<b>Jul 2016</b>	<b>Sept 2016</b>
9. Ensure that the Early Help Assessment Paperwork is meeting the needs of agencies, children and their families, making changes required to meet any identified gaps	Deborah Archer	Aug 2016	Aug 2016
10. Review the current QA audit data and draw conclusions on current performance to identify themes for improvement	Deborah Archer	Aug 2016	Sept 2016
11. Consider information gaps and how to fill them through the review and reissue of the new Early Help Assessment, Team around the Family and toolkit forms	Deborah Archer	Aug 2016	Sept 2016
12. Develop plans for a rolling programme of auditing, reporting and providing feedback on the quality and effectiveness of Early Help Assessments	Deborah Archer	Sept 2016	Sept 2016



**Recommendation 13:** Extend the range of housing provision available to homeless 16 and 17 year-olds and for care leavers so that no young person is placed in bed and breakfast accommodation. **(JAMES CLARKE)**

<b>Related Performance Indicators</b> (reported on through the accompanying performance report)		<b>Lead Officer</b>	<b>Year End Target</b>
<b>PI Number</b>	<b>Description</b>		
CSC 284	% of care leavers in suitable accommodation	James Clarke	100%
CSC ....	Pathway plans measure from Liquidlogic – TBC through implementation	James Clarke	100%

<b>Action</b>	<b>Task Lead</b>	<b>Start Date</b>	<b>Completion Date</b>
<b>Extend the range of housing provision available to care leavers.</b>	<b>James Clarke</b>	<b>Aug 2016</b>	<b>Jan 2017</b>
1. Consider completion of Pathway Plans from age 14 as part of the new structure	James Clarke	Aug 2016	Sept 2016
2. Ensure involvement of commissioning to develop a sufficiency strategy in order to meet future predicted needs	Lynne Henderson	Aug 2016	Oct 2016
<b>Extend the range of housing provision available to homeless 16 and 17</b>	<b>Yvonne Coates</b>	<b>Jul 2016</b>	<b>Jan 2017</b>
3. Undertake complete analysis of current and previous performance and on current cohort of LAC to use data for predict future placement need	Hilary Tillotson	Jul 2016	Oct 2016
4. Use the data to develop stability of mix and type of placements for vulnerable teenagers	Hilary Tillotson	Sept 2016	Jan 2017
5. To review the homeless protocol to ensure it is fit for purpose and develop a framework to measure the effective use of alternative accommodation for vulnerable 16 and 17 year olds	Yvonne Coates	Sept 2016	Oct 2016

**Recommendation 14:** Ensure that all children looked after can access an independent visitor when necessary, and that the impact of advocacy is subject to evaluation and review. **(NEIL HOLDEN)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
There are no performance indicators associated with this recommendation			

Action	Task Lead	Start Date	Completion Date
<b>Identify the numbers of looked-after children who require an Independent Visitor.</b>	<b>Pixley Clarke</b>	<b>Sept 2016</b>	<b>Dec 2016</b>
1. Identify placements at high risk of breakdown	Pixley Clarke	Sept 2016	Sept 2016
2. Promote the positive aspects of Independent Visitors for young people	Pixley Clarke	Sept 2016	Oct 2016
3. Ensure most vulnerable young people are able to access Independent Visitors	Pixley Clarke	Sept 2016	Dec 2016
4. Evaluate the impact for children and young people using the independent visiting service	Pixley Clarke	Oct 2016	Dec 2016
<b>Review, with Redcar and Cleveland Council, the current contract arrangements for Independent Visitors across the Tees Valley.</b>	<b>Lynne Henderson</b>	<b>Sept 2016</b>	<b>Jan 2017</b>
5. Review current arrangements with NYAS	Lynne Henderson	Sept 2016	Oct 2016
6. Assess capacity of NYAS and other organisations to provide service for Tees Valley	Lynn Henderson	Sept 2016	Oct 2016
7. Undertake review of contract and re-tender where necessary	Lynn Henderson	Nov 2016	Jan 2017

Action	Task Lead	Start Date	Completion Date
<b>Review current areas of support for children in care and gain their views on what support would be most useful.</b>	<b>James Clarke</b>	<b>Nov 2016</b>	<b>Feb 2017</b>
8. Work with Darlo Care Crew (Children in Care Council) to gain the views and wishes of children in care on what support would be most useful	Andy Whittam	Nov 2016	Dec 2016
9. Develop other areas of service to support young people in care based on this feedback and the review of provision	James Clarke	Dec 2016	Feb 2017
<b>Review Advocacy contract arrangements.</b>	<b>Lynne Henderson</b>	<b>Sept 2016</b>	<b>Jan 2017</b>
10. Support production of the New Tees Valley contract being developed led by Stockton BC	Lynne Henderson	Sept 2016	Oct 2016
11. Undertake tender process for new Advocacy contract with Tees Valley Councils	Lynne Henderson	Oct 2016	Jan 2017

**Recommendation 15:** Ensure that all children looked after have timely initial health assessments. **(NEIL HOLDEN)**

Related Performance Indicators (reported on through the accompanying performance report)		Lead Officer	Year End Target
PI Number	Description		
CSC 176	% of new LAC with Initial Health Assessments completed within 20 working days	Neil Holden	100%

Action	Task Lead	Start Date	Completion Date
<b>Improve the process for collection, tracking and monitoring of initial health assessments.</b>	<b>Hilary Tillotson</b>	<b>Jul 2016</b>	<b>Dec 2016</b>
1. Implement a revised process with a single point of contact to administer and process forms to send to CDDFT	Brian Boggon	Jul 2016	Aug 2016
2. Revise the process to ensure that incorrectly completed forms are returned to the identified lead officer and escalation process developed to ensure effective HoS oversight	Hilary Tillotson	Jul 2016	Sept 2016
3. Ensure that all teams understand the need for the timely progress of all paperwork and that any slippage is robustly addressed	Denise Moore	Jul 2016	Aug 2016
4. Enhance weekly performance monitoring to ensure effective implementation by the safeguarding and assessment teams and timely completion and return by health	Hillary Tillotson	Jul 2016	Dec 2016