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Theme	Source/Ofsted	Actions	Current RAG	Rating Change	Strategic Lead (Board member )	Operational Lead	Progress	Deadline	Evidence of progress	Outcome
Vision, Leadership & Governance	1.Leadership and Management and Governance judged inadequate by Ofsted in 2014.	1a.Transform management culture and practice.	RED		Geoff Little	Gladys Rhodes White	The scope of the independent review has been agreed between DFE and MCC and will be conducted by Edwina Grant - Further onsite visit planned for Jan 2015	Feb-15	Independent review report	The culture is one where staff feel valued and performance is consistently good.Strategic priorities are clearly identified in response to local need and communicated through the early help strategy, the LAC commissioning strategies and link closely with the JSNA. There is commitment to learning and to feedback on performance. A " learning culture" is evident.
		1b. Commission an independent external review of the underlying reasons for poor performance					Internal Assessment of underlying causes of poor performance submitted to and discussed by Executive Members	Nov-14	Papers submitted	
		1c.Establish new leadership style, culture and behaviours at all levels of management. Recruit new interim DCS.					An Independent Chair of the Improvement Board has been appointed called Edwina Grant	Completed	Edwina Grant appointed as Independent Chair of the Improvement Board	
		1.dAppoint an independent chair of the Improvement Board					Secondment of experienced Head of Service of high performing Revenues and Benefits Service (Julie Price) with track record of successful operational grip and improving the infrastructure and environmental conditions for workers	Completed	Secondee in position. Evidence of operational grip	
		1e.Strengthen performance management and operational grip and set a new vision, tone, priorities and behaviours to become a high performing children's service					New interim DCS (Gladys Rhodes White) appointed and having impact on pace and traction. Interim Head of Improvement and Transformation, Lana Shannon now appointed to provide operational support to the Head of care. Head of Care responsibilities for adult servcies have been moved to another senior manager to allow complete focus on the delivery of high quality services for children.A key priority for the team will be to work with front line staff to ensure that barriers to improving frontline practice are removed and that through working with partners positive outcomes for our children and young people are achieved in a more timely way.	Completed	Initial feedback from members and staff. Evidence that we are providing consistency in staffing policies and procedures and developing baselines for management practice	
		1f. Listen to front line staff and understand their views on how services can be transformed. Set up an Operational Improvement Board to be part of the governance of the Improvement Plan. See also A.2, B.1 and B.17.					Interim Children's Improvement Board chaired by Independent Chair now operational.	Completed	Minutes of the Board meeting	
							A plan is being progressed to recruit additional temporary team managers to reduce caseloads and provide the space to establish calm control of the service. Arrangements for 2 day Micare training and data practice exercise in place.	Jan-15	New staff in position	
							An Operational Board of front line staff has been established to be part of the governance of the Improvement Plan.	Completed	Minutes of the Board meeting	
							A series of events have been held for Executive Member for Children's Services and senior managers to listen to staff where new Interim DCS set out vision for the future. Quick Wins to respond to the immediate barriers faced by staff are in hand	Completed	Feedback from events - Engagement events delivered	
							Weekly childrens management team meeting chaired by DCS established			
Vision, Leadership & Governance	2.Leadership and Management and Governance judged inadequate by Ofsted in 2014.	2a. Robust monitoring of overall impact of improvement plan	RED		Geoff Little	Gladys Rhodes White	Interim Children's Improvement Board with Independent Chair now operational	Completed	<b>independent Chair appointed and chaired 1st Improvement Board on 21st December 2014. Minutes of meeting</b>  <b>Framework &amp; Audit reports</b>  <b>Feedback from staff and actions from meetings</b>	There is strong leadership and governance that supports transformation and improvement.
		2b. Improve strategic and operational alignment of partners					New preformance management framework developed with schedule of audits planned.			
		2c. New governance arrangements to control investment in improvement so that investment is provided for individual workstreams on the basis of results					LAC strategic Board now chaired by Interim DCS			
		2d. Establish the Multi Agency Safeguarding Hub	Green					New chair of Children's Safeguarding Board, Jane Booth has started to improve the governance of the Board and is sharpening the accountabilities of all partners to provide active leadership of improvements (see also MSCB Improvement Plan attached) MASH will go live in first week in December with agreement across partners about requirements for it to develop and bed in. Sub-Group of Executive Members has met 7 times to critically challenge and support implementation of immediate and sustainable improvements. Young People and Children's Scrutiny Committee and a Sub-Group of the Committee established 12.01.15 UPDATE - MASH successfully went live on the 1st December 2014 – multi agency team in place to triage domestic abuse and risk and harm cases.	Completed	<b>Plan on track for MASH to go live in December</b> <b>1. Effective Step up and step down pathway in place to support outcomes from MASH Enquiry</b> <b>2.Flow of cases into specialist sw reduced</b>

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		2e. It is proposed that an Investment Board chaired by the Chief Executive with the City Treasurer as Deputy Chair will report on investment decisions to the Executive Members' Sub Group which report to the Improvement Board		↔			Agreement that an Investment Board will be established and chaired by the Chief Executive with the City Treasurer as Deputy Chair will report on investment decisions to the Executive Members' Sub Group which report to the Improvement Board	Jan-15	<b>Board to be established</b>		
Quality of practice and capacity	3. Review the number of cases held by all staff, including newly qualified staff, to ensure that caseloads are manageable and that staff have sufficient time to plan and action their work. Ensure that there is a sufficient number of suitably experienced and qualified staff to deal effectively with current demand.	3a. Additional sw's and mg capacity recruited for a temporary period to work with 1200 cin cases to close where appropriate, step down and escalate where appropriate.	RED	↔	Karen Dolton	Lana Shannon	The Tender process for the External Project Team has now ended with HCL Social Care winning the tender and meeting the specification. This has now been signed off by Senior Management and we now await sign off by CE. Expecting this to be agreed, the project team will be given dates for their Micare and Data protection training during January with an expected start date towards the end of January if expected training dates can be achieved. Ongoing work is being undertaken with the localities to close and signpost as many CIN cases as possible. Many CIN cases have drifted amd there is a compounding reluctance from partners to accept the withdrawal of SW input as the step down arrangement under the CAF.	Jan-15	Reduced caseloads for sw's. Professional standards developed and embedded. Draft report of analysis completed. North Locality Teams holding less CIN cases.	There are sufficient experienced and qualified Social Workers in place to have manageable caseloads. They receive the support which enables them to deliver their work to a consistently good standard and build relationships with children and families. All health staff working with Children's and Families receive appropriate levels of safeguarding supervision. Continued improvement for children and families. Professional standards developed and embedded.	
		3b. Strengthen management oversight and improve performance management so that only the right cases are allocated to social workers.		↔			Caseload task and finish group set up to determine standards re caseloads. CIN project plan is in place to roll out CIN team across the city. An evaluation plan is in place to evaluate the effectiveness. The threshold document is being reviewed and rewritten. 20 Agency staff have been recruited to permanent jobs. Mash arrangements agreed and were rolled out on 1st December. Standards and training plan has been drafted. Discussions have taken place with partners to inform them of further developments of this.				
		3c. Roll out the CIN team across the City Establish the MASH Establish clear professional standards for managers with training, and mentoring to support their development and identify those that are unable to meet them and take action to address their poor performance									
		3d. Manchester CCG's are required to provide assurance that safeguarding activity within all commissioned services meets national safeguarding standards and demonstrates a model of continuous improvement. This includes ensuring adequate staffing numbers and delivery of safeguarding supervision. Action is to conduct a CCG commissioner safeguarding review	Green	↑	Ian Williamson	Anna Berry	Forms part of current assurance monitoring programme  Commissioner safeguarding review scheduled end of February 2015- on target	Mar-15	Training data, audits, annual reports , supervision impact analysis <b>Voice of the child' (how are you evidencing this)</b> This is included as part of this quality assurance process, self assessments and audit programmes will be ensuring evidence of voice of the child	This will include a full review of the service specification to ensure the service is fit for purpose for safeguarding delivery within the Improvement plan and will incorporate necessary changes including delivery of MASH	
Quality of practice and capacity	4. Ensure robust management oversight on the single assessment process, at both first tier and senior management level, to ensure that children and families are seen and risks evaluated in a timescale to meet need. Ensure timeliness in completing assessments by reviewing at set points to ensure that children are seen promptly, and that all work is recorded to an appropriate standard.	4a. Clear the backlog of assessments.	Amber	↔	Karen Dolton	Kerry Mehta	Backlog of assessments were cleared by 31/7. Assessments now only go out of timescale by agreement with locality managers. Monitored weekly. Each locality has a spreadsheet to track each child to ensure all seen within 7 days. Assessment are reviewed at 7 days to ensure child has been seen,. Locality mgrs dip sample to ensure validity of data. Reviewing our auditing process ( performance framework) Task and finish group will review on 2/12. Practice standards being developed and QA process will test compliance and quality through regular scheduled auditing. Management standards and training to be embedded in the service and robust performance management which will reward good practice and address poor practice. Improved leadership will give clarity of purpose and clearly defined governance that will ensure appropriate actions are taken when they are required. Improved timeliness of assessments has been maintained - now above 90% within 45 days and we are trying to increase number completed between 16-35 days.	Jun-15	PMF will determine what good looks like and the volume . Audit should demonstrate an improved trend. There will be evidence on files of appropriate level of critical challenge and appropriate actions taken to ensure that cases are not allowed to drift. This will reduce caseloads as social workers will be working with the right cases.	Assessments are of consistently high quality with good analysis and timely. Assessments are proportionate with consistent high quality recording. A clear and effective structure is in place for performance management and quality assurance and better emphasis on improved social work practice. Management oversight will include observations of frontline practice	
		4b. Ensure assessments only go out of time with the approval of senior manager.									
		4c. Ensure managers review performance									
		4d. Ensure managers review performance systematically.									
		4e. Develop new practice standards and new QA process									
		4f. Management training to ensure we support and develop managers to deliver compliance and excellence.									
Quality of practice and capacity	5. Ensure that the allocated social worker attends case conferences, looked after children (LAC) reviews and other relevant meetings and provides a report that allows parents and carers and young people sufficient time to see, understand and comment on the report	5a. Review, revise and deliver improved procedures, standards and training so that social workers are able to ensure that parents and carers and young people are sufficiently informed to participate in discussions.		↔	Karen Dolton	Kerry Mehta for assessment teams. Jancie Schofield for LAC	Attendance data is being collected and it will be included in the perf mg framework. Practice guidance is being developed but not completed yet. Work underway to bring required behaviour changes in managers and staff. Business case has been submitted to Micare team to build reports to electronically capture the evidence. Schedule of audits drafted to ensure that service improvements are identified and progressed. Managers will have additional performance management actions taken whenever necessary.	Jan-15	Improvements evident in South	Social Workers attend all case conferences, LAC and relevant meetings so that they are sufficiently informed to ensure parents, carers and young people can take part in information, process and ask questions	
		5b. Ensure that Managers have oversight and deal with performance appropriately and understand the role of social workers at these meetings and the important contribution they can make for families		↔							

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Quality of practice and capacity	6. Ensure that case records are up to date and accurately reflect decisions made and the reasons for those decisions	6a.Improve performance management so that managers manage effectively and staff are supported and challenged to deliver and are clear what is expected. Managers that are not effective will be identified and they will be subject to individual action plans to address their performance.	Amber		Karen Dolton	Kerry Mehta for assessment teams. Jancie Schofield for LAC	Commenced on LAC files being audited to ensure accurate up to date case records. 780 LAC files have been completed to date.Actions identified and actions given to workers and a timescale has been given to complete. Have prioritised those cases that are deemed to be in most need of improvement. Update report presented to performance board on 5.12.14. This activity has already improved data quality on audited files and increased understanding from managers of need to keep files in good order.Individual managers and workers where poor practice identified are subject to individual plans. We are now capturing info on cases where no activity recorded in last 6 weeks and independant team managers are accountable for checking these files (new team of Social Workers will go through the CIN files)	Feb-15	Audit of files completed will be available.	Clear accurate and up to date case records with decisions, and reasoning, explicitly recorded	
		6b. Managers' decisions are recorded in line with standards.									
Quality of practice and capacity	7. Promote the importance of stable relationships for children and young people with their social workers.	7a. Improve the recruitment and retention of social workers so that children do not experience frequent changes in worker.	AMBER		Karen Dolton	Lana Shannon	Overrecruited to vacant posts to enable us to train staff and reduce the need for agency workers. Streamlined recruitment of agency workers to retain and recruit quickly to sw posts. Listening to Sw's - Tightening up on sickness absence monitoring . The perf management framework will help to address performance issues. Workshop on 16th Jan to look at the structure of Childrens Services, to make sure this supports the delivery of services to children and families, ensuring support aligns to the childs journey and across the continuum of need.	Jan-15	Management and Social Worker records and feedback. Feedback from young people and families	A stable and skilled workforce where social worker changes are kept to a minimum , thus enabling social workers to carry out consistent good quality work with children and families with strong relationships	
		7b.Develop a social work model that is focussed on developing good relationships with children and families that enhance the ability for families to change their lives and reduce need for social work intervention.								To have a fit for purpose Primary Care workforce in Manchester. Increased awareness, recognition and support for GPs	
		7c. Support the developments of the Primary care workforce to reflect learning from SCR's/DHR's			Ian Williamson	Anna Berry	Recruiting to posts. Training programme under development	Feb-15	Training data .increased compliance with GP contribution to safeguarding processes. <b>'Voice of the child' (how are you evidencing this)</b> This is included as part of this quality assurance process toolkit for Primary care	1. Increased GP engagement and contribution to safeguarding processes 2. Increased evidence of recognition of issues	
		7d. To introduce a Level 3 training programme for GPs.					7.01.15 UPDATE - The level 3 training programme is still under development and will launch in February 2015. The recruitment for Named GPs is in progress, interviews in January 2015				
Quality of practice and capacity	8.Ensure that the quality of assessment and report writing and an understanding of the importance of accurate and timely recording is understood across the workforce, to ensure that decision making is based on all available information	8a.Management development to focus on the importance of maintaining high quality standards of work, assessments and report writing.	red		Karen Dolton	Lana Shannon	Developing a consistent model of assessment across childrens services and the partnership. Signs of Safety risk assessment model used by partner agencies from 1st decemebr in the MASH to ensure that risk and protective factors are well understood and analysed as part of a strength based approach. This will be developed further after MASH has been rolled out. The triage undertaken in the MASH will begin to embed a shared understanding across the partnerships of levels of risks and interventions required New continuous Improvement Framework has been developed with a schedule of planned audits for 2015	Mar-15	Most assessments are of good quality, multi agency and evidence that the right interventions are offered and the right time by the right people in the right order. LAC Audits have highlighted some areas of poor performance which are being dealt with. Some areas of GP have also been highlighted	The workforce understands the importance of maintaining high quality standards of work. Standards are consistency achieved .	
		8b. Revise arrangements for performance management and quality assurance with more emphasis on improved social work practice.									
Quality of practice and capacity	9. Review the capacity of the emergency duty service to ensure that it can offer a timely and appropriate response in line with demand	8c. Management oversight will include observations of frontline practice and case discussions and reflections	Amber		Karen Dolton	Kathy Weaver	Additional capacity of 1 social worker is being recruited for the emergency duty service. Once in place the impacts on Police Protection Orders will be reviewed  Review of emergency social worker has been delivered with a draft report being developed.	Jan-15	Review underway to be completed	Sufficient capacity and managerial oversight to ensure that all priorities are dealt with appropriately resulting in a reduction in the numbers of police protection orders	
		9a. Review the emergency duty service with particular focus on the management of Police Protection Orders out of hours to ensure that children are not brought into police protection inappropriately.									
Quality of practice and capacity		9b. Recruit an additional social worker to provide extra capacity until at least the review is complete. Review the impact of the additional capacity.	Amber		Karen Dolton	Kathy Weaver					
		9c. GMP will review MCC data and commission analysis in relation to perceived inappropriate execution of Police Protection Orders. GMP will seek out themes, reflect on activity, and where appropriate embed improvements in process.					GMP needs to understand the data analysis of PPOs, identify themes, and embed learning. GMP has request raw data from MCC (for both LAC and non LAC PPOs) to facilitate case reviews and identify themes in relation to PPO rationale.				
					D Copley	SUPT RAWLINSON			<b>Voice of the child' (how are you evidencing this)</b> PPD are undertaking a review of how outcomes for children are being captured in the QA process – ongoing and supported by the MSCB plan	Understanding of rationale of PPO activity by police	

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Looked after children, permanence and leaving care	10. Ensure that return interviews for children who go missing from care are conducted by an independent person in accordance with statutory guidance.	10a.Commission services to meet statutory requirements of children and young people who go missing from care and home. The LA & health partners develop an integrated LAC strategy with a joint performance framework to measure progress.	RED	↔	Karen Dolton	Kerry Mehta	Briefings have been undertaken with all staff. However changes in practice not yet evident. Childrens' Right Officers complete independent return interviews for all children open for a service from CSC including LAC from 1.10.14. Locality briefing delivered. Childrens Society commissioned to do interviews for the missing from homes from 3.11.14 from children MFH not in receipt of a SW service. Further work to be undertaken with GMP and Childrens Society to establish a referral pathway to develop a data set to capture the MFH process Dec.14. Performance information and targets are being developed for this.	31.03.15	Audits will evidence compliance with the process and children will report feeling safer. GMP Review will be completed by 15.1.15 (Supt Rawlinson and Supt Jackson)	Children are offered an independent return interview. Responses and subsequent actions are captured and acted upon. Children who refuse an interview will be assertively followed up to ensure they are kept safe. Data is collated across the city to identify themes and trends. Services for LAC are of a high quality and all partners contribute to improving outcomes for LAC. Continued improvements and increased engagement with children and young people	
		10b. Develop a referral pathway with partners to agree a data set to capture MFH process. Staff briefing to take place throughout October.		↔			Monthly meetings in each locality to look at MFH police data and identifying top MFH risk cases in each area. In the process of recruiting a Social Worker to work specifically with MFH				
		10c Each team manager to be met and performance targets to be set individually.									
		10d.Phase 3 of the MASH to include children missing from home and care.									
		10e. GMP to commission a review of whether Safe and Well Check is conducted by police officer or LAC carer (to be considered at next GMP MFH task and finish Group to establish appropriate ISA and processes to ensure relevant intelligence is appropriately shared across agencies following return interview.	RED	↔	D Copley	S. Rawlinson/S Jackson	GMP have commissioned a review of whether Safe and Well Check is conducted by police officer or LAC carer (to be considered at next GMP MFH Board		OPUS/FIS should be updated accordingly.		
		10f. Phoenix Teams will formulate partnership trigger plans for all MFHs (including LAC) and will drive activity locally in Integrated Neighbourhood Teams.		↔	D Copley	S. Rawlinson/S Jackson	09.01.15 UPDATE - PPD are leading on a forcewide review of MFH processes, which will incorporate process redesign of safe and well checks and return interviews. An initial meeting has been convened with LA Safeguarding leads from across GM and principles have been agreed. A task and finish process design group is now underway with a view to designing common tools for RI's for each independent agency undertaking the checks. Part of that process design will look at how we measure performance outcomes, as there is currently no cohesive way to complete this. In terms of Manchester, Heather Johns and the Children's Society are invested in the process and will be able to support the Manchester centric delivery. IN addition, it is now mandated within GM that all MFH who have been identified as being at risk of CSE, will automatically be classed as high risk at the point of report, and trigger plans will be implemented for each one. The QA of this process will be built into the overall MFH performance framework.				
		10g. GMP have commissioned a review of all the disparate GM Return Interview processes. The aspiration is to achieve a standardised process to ensure the best possible service is provided across GM. This piece of work will be governed via the GM MFH Task and Finish Group		↔	D Copley	S. Rawlinson/S Jackson	GMP have commissioned a review of all disparate GM Return Interview processes. Aspiration of a standardised process to capture best practice, and will be governed via the GM MFH Task and Finish Group.	31.03.15			
		10h. Joint LAC strategy to be implemented and embedded to ensure continuing improvements to LAC outcomes.	Green	↑	Ian Williamson	Anna Berry,	LAC strategy under development across the partnership and involvement of children and young people in its development via C2CC	Feb-15	1. Evidence of assurance from the Commissioner visit, improved timeliness of health assessments and progress of the partnership action 2. Supervision impact analysis, LAC health performance data. Strengthened leadership and management of LAC; the operational basics are done well	Engagement of children and young people to measure impact of LAC strategy. Supervision impact analysis, LAC health performance data. Strengthened leadership and management of LAC; the operational basics are done well; changed resource model for social work practice; and embedded performance management.	
		10i. To increase the performance and quality of LAC health input by regularly monitoring the timeliness and quality of all health LAC reviews.					Forms part of current assurance monitoring programme. Commissioner safeguarding review completed December 2014- feedback report in progress				
		10j. To continue to contribute to LAC developments.					Work is ongoing between Health and LA leads to ensure timeliness of LAC Health assessments.				
		10k. To conduct a commissioner safeguarding review of LAC services within health.					All partnership action in progress with health contribution as above.				
		10l. GMP to facilitate review and support delivery of any recommendations with MCC and partners.		↔	D.Copley	SUPT RAWLINSON					



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Looked after children, permanence and leaving care	11.Prioritise the planning for young people needing transition planning to adult services, including children with complex needs, to ensure that it is carried out in a timescale that meets the needs of the young people and their carers	<p>11a. Establish a multi agency transition board to review social care pathway for Young People needing transition.</p> <p>11b. Prioritise action to ensure prioritisation of children aged 16 years who require an offer.</p> <p>11c. Review of short breaks offer for those children likely to need a costly placement.</p>	Amber	↔	Karen Dolton	Kerry Mehta	<p>Transition Board established and monthly meetings in place. Project plan and work streams agreed with partners. Cohort analysis completed and key findings informing the revision of the offer.</p> <p>Ensure current young people are reviewed by the transition panel to prevent delay</p> <p>Workshops planned on 16th January with front line practitioners to share cohort findings.</p> <p>Parental engagement in place and workshops planned with parents in February.</p>	Completed  B/C Feb 15	<p>Clear pathway in place for transtion.</p> <p>Referrals received at 16 years, mult agency approach to cohort and joint planning informs transition offer.</p> <p>Meetings arranged with social workers with lead for children with disability to share project plan and to look at current cohort.</p>	<p>1.YP receive timely transition pathway</p> <p>2.Transition offer and pathway is clearly defined</p> <p>3.Data on transition and cohort informs commissioning</p>	
Looked after children, permanence and leaving care	12. Make clear the expectations for all looked after children in respect of attainment, particularly at secondary level, in order to close the gap between their performance and that of all children locally and nationally, ensuring that all looked after children have up to date and high quality personal education plans (PEPs)	<p>12a.Joint LAC strategy to be implemented and embedded to ensure continuing improvements to LAC outcomes and appropriate interventions to ensure that only the right children are in care at the right time. The LAC strategy will have high aspirations for all our LAC.</p> <p>12b.To increase the performance and quality of LAC input by regularly monitoring the timeliness and quality of all LAC reviews.</p> <p>12c. To continue to contribute to LAC developments. To monitor the effectiveness of all interventions in relation to LAC to ensure that resources are being used in the right way to improve the lives of LAC.</p> <p>12d.Strengthen Governance arrangements</p> <p>12e. Manchester Schools Alliance has committed to maintaining an awareness of attainment of Looked After Children in the City</p> <p>12f. Improve the quality and timeliness of recording on Micare by social workers of:</p> <ul style="list-style-type: none"> <li>the LAC status of individual children (2 years to 18 years and up to 25 years where a young person has SEND)</li> <li>name of current social worker and contact details</li> <li>full name and address of early years setting/school/post 16 provision including education, training and/or employment.</li> <li>Name of current IRO</li> <li>Name of current leaving care worker where appropriate.</li> </ul>	Amber	↓	Gladys Rhodes White	Jane Johnson	<p>Business case made for 14m investment into improving the outcomes for and reducing the numbers of LAC.LAC strategy and implementation plan being finalised . Governance through the Corporate Parenting Board. E -PEP tender completed and contract signed 23.5.14. Multi-agency PEP and E - PEP training delivered to schools. IROs and a few social workers 18th &amp; 20th July. 19 Pilot Schools identified (9 Manchester, 10 Stockport). E-PEP set up for each LAC attending these schools. E-PEP briefings to schools and SWs 18th and 24th Sept. Schools and SWs beginning to use E-PEP system to complete PEPs as Autumn term meetings are due. Continuing to review the process. KEY AREAS</p> <p>1. Critical to success of E-PEP- To ensure all key data for each child is kept up to date by all practitioners on Micare and the One System in order to support the E-PEP system including (School Placement, LAC Status, Current SW, Current Team Manager, IRO, Leaving Care Worker)</p> <p>2. To ensure all pilot schools and SWs are using E-PEP to complete PEPs for children in these schools.</p> <p>PEP2 due in April 2015. Development of full roll out of E-PEP implementation plan for all LAC to be informed by learning from Pilot. PEPs being quality assured by LAC Education Team.</p> <p>Work is underway to improve the quality of recording and data which can be drawn from Micare. It should just be noted that the above fields are critical to ensuring the Manchester Virtual School for LAC is able to maintain an up to date list of all current LAC, monitor attendance, attainment and progress and ensure a up to date PEP is in place.</p> <p>Four half day multi agency E-PEP briefings are being held on 19th and 22nd January 2015 for schools (in Manchester and other LAs), social workers and IROs. To date 156 delegates have booked to attend including 10 IROs, 10 social workers, 30 out of authority schools and 106 Manchester Schools. The briefings will explain how to access and use the E-PEP which will then be rolled out for all LAC from the end of January in place of the current word documents and Section A on Micare</p>	Dec-14	<p>Business case agreed</p> <p>There are sections within the E-PEP to indicate if they attended their PEP meeting or not. Where they do not attend we ask who will bring their views and feed back to them after the meeting.</p> <p><b>Overview of how you are communicating this activity within your agency</b></p> <ul style="list-style-type: none"> <li>Emails to Designated Teachers</li> <li>Circular letters to schools</li> <li>Updates through termly, multiagency LAC Education Network meetings.</li> <li>Updates through termly Vulnerable Children's Network Meetings</li> <li>Emails to social work mangers to be disseminated to all social workers</li> <li>Information provided at joint Social Work Managers meetings</li> <li>Information given at IRO team meetings</li> </ul>	<p>Outcomes improve, LAC numbers reduce, Increase in foster caers , more children adopted more quickly.Attainment perfromance fo all LAC improves and the gap is reduced. All LAC have a high quality up to date electronic PEP</p> <p>Every LAC aged 2-18 years (in Education) will have a high quality, up to date PEP, termly PEP completed by both school and social worker which supports accelerated progress and improved outcomes.</p>	
Looked after children, permanence and leaving care	13. Ensure a focus on ensuring that care leavers have sufficient opportunities to gain employment, education and training	<p>13a. Work with partners to agree actions to support care leavers in gaining employment, education and training.</p> <p>13b.Review delivery of the Multi-agency plan developed with partners and monitor performance.</p> <p>13c. To ensure that a health summary is provided to young people upon leaving care.</p> <p>13d.To request an audit to demonstrate continued compliance</p>	Green	↔	Gladys Rhodes White	Jane Johnson	<p>Quarterly reports on performance produced.</p> <p>Delivery and impact of the interventions are measured at each meeting.</p> <p><b>07.01.15 UPDATE</b> - There has been an additional meeting between the Virtual School Head and post 16 providers and Welfare Call Ltd on 9th December. Colleges have agreed to complete Post 16 PEPs for these young people and the Virtual School Head has advised them that £1,100 of Pupil Premium funding will be paid for each young person on receipt of a good quality PEP. The post 16 PEP has been revised and will be made available alongside the school aged E-PEP. Work needs to be done to ensure there is clarity about whether it is the social worker and/or the leaving care worker who participates in the post 16 PEP process with each young person and then to ensure this is taking place and that it feeds into their Pathway Plan.</p> <p>LAC review scheduled for Febraury 2015</p> <p>Forms part of current assurance monitoring programme. Commissioner safeguarding review completed December 2014- feedback report in progress</p>	Feb-15	<p>Audit</p> <p><b>Overview of how you are communicating this activity within your agency</b></p> <p>Meeting between with post 16 providers and the Virtual School. Connexions and social work have attended one of the two meetings so far. Leaving care colleagues have been unable to attend so far.</p> <p><b>Voice of the child' (how are you evidencing this)</b></p> <p>This is included as part of this quality assurance process, self assessments and audit programmes will be ensuring evidence of voice of the child and how children and young people are being engaged to measure impact (Audit)</p>	<p>1. Every LAC aged 16-18 years (in Education) will have a high quality, up to date termly PEP completed by both college and social worker/leaving care worker/carer which feeds into their pathway plan and supports accelerated progress and improved outcomes.</p> <p>2.We have high quality information about the destination, progress and outcomes of each young person at each stage of their journey through and beyond care</p> <p>3. We have an increased number of post 16 LAC who progress and achieve good outcomes in further and higher education, training and then employment.</p>	

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Looked after children, permanence and leaving care	14. Ensure learning and change as a result of children's feedback and complaints.	<p>14a.Ensure effective actions plans are in place to learn from feedback and complaints, and ensure actions are taken.</p> <p>14b.Create a childs voice inbox to collate feedback from across services to ensure the childs voice is heard and acted upon.</p> <p>14c. A Service user complaint outcomes summary report will be produced twice yearly for the Performance Improvement Group and actions based on analysis implemented. First report due May 2015</p>	amber	↔	Lana Shannon	Heather Johns	Learning and Improvement calendar drafted with schedule of reporting around feedback and complaints in place.	May-15	Established a young carers leavers group on the multi agency group. Increased supported lodgings provision and agreement with partners to improve support available in engaging in employment	Ensure learning and change as a result of children's feedback and complaints. Utilise a "you said - we did" format. Impact of revised Learning an Improvement framework to be conducted 6 months after implementation.	
Looked after children, permanence and leaving care	15. Increase the participation of Looked after children including those placed outside the city, to ensure that their voices are heard and they are able to collectively influence decisions and policy.	<p>15a. Opportunities for feedback to be increased for Looked After children. Group consultation to be strengthened. LAC Children and Young Peoples participation strategy to be included in the overall LAC strategy</p> <p>15b.Childrens rights Officers and engagement coordinator to hold consultation with LAC twice a year following analysis of feedback.</p> <p>15c. Scope out the role of GMP in EH process within the MAPSH setting.</p>	amber	↔	Lana Shannon	Kerry Mehta / Janice Schofield	<p>Lancashire LA visit completed. Cheshire East visit planned to see best practice</p> <p>LAC central inbox to be set up to include feedback from key sources such as " have your say " booklets; Children and young people views from visits, reviews, paperwork; Children and young peoples complaints supported by childrens rights officers.</p>	Dec-14	Feedback will feed into event planned for 2015.	An effective strategy and plan that supports the participation of children and young people in all aspects of the system which impacts on them. There is an effective C2CC. LAC are confident that their voice is inflencing learning and impacting on change	
Looked after children, permanence and leaving care	16. Monitor the progress of over-16s through the Virtual Head Teacher to improve engagement with higher education and outcomes for care leavers	<p>16a. Establishing a list of Post 16 young people and identify which post 16 provision they are participating in.</p> <p>16b. Implementing weekly attendance, progress and data collection from each provider</p> <p>16c.Developing use of Post 16 PEP with providers and improve Social Worker recording Re. post 16 provision on Micare to ensure it includes:</p> <ul style="list-style-type: none"> <li>the LAC status of individual young people (up to 18 years and up to 25 years where a young person has SEND)</li> <li>name of current social worker and contact details</li> <li>full name and address of school/post 16 provision including education, training and/or employment.</li> <li>Name of current IRO</li> <li>Name of current leaving care worker where appropriate.</li> </ul> <p>The above fields are critical to ensuring the Manchester Virtual School for LAC is able to maintain an up to date list of all current LAC, monitor attendance, attainment and progress and ensure an up to date PEP is in place.</p>	amber	↔	John Edwards	Jane Johnston	<p><b>07.01.15 UPDATE</b> - Work by the Virtual School in partnership with local colleges has continued on confirming the list of Manchester LAC on each college roll. This is now almost complete. (Work is also underway to improve the recording of this information on Micare by Social Workers.) There has been an additional meeting between the Virtual School Head and post 16 providers and Welfare Call Ltd on 9th December. Colleges have agreed to complete Post 16 PEPs for these young people and the Virtual School Head has advised them that £1,100 of Pupil Premium funding will be paid for each young person on receipt of a good quality PEP. The post 16 PEP has been revised and will be made available alongside the school aged E-PEP. Work needs to be done to ensure there is clarity about whether it is the social worker and/or the leaving care worker who participates in the post 16 PEP process with each young person and then to ensure this is taking place and that it feeds into their Pathway Plan.</p> <p>Over the coming months the Virtual School will encourage schools and social workers to prioritise identifying the intended destinations of each young person in Year 11 and then to confirm their actual post 16 destinations once they have received their Key Stage 4 results. This information should all be recorded by the social worker on Micare. The Virtual School is compiling a list of the leads for LAC in each college and circulate this to High School Designated Teachers to support communication around the time of transition.</p>	Jan-15	<p>There are sections within the post 16 E-PEP to capture the voice of the young person and to indicate if they attended their PEP meeting or not. Where they do not attend we ask who will bring their views and feed back to them after the meeting.</p> <p>Meeting between with post 16 providers and the Virtual School. Connexions and social work have attended one of the two meetings so far. Leaving care colleagues have been unable to attend so far.</p>	<p>1. Every LAC aged 16-18 years (in Education) will have a high quality, up to date termly PEP completed by both college and social worker/leaving care worker/carer which feeds into their pathway plan and supports accelerated progress and improved outcomes.</p> <p>2.We have high quality information about the destination, progress and outcomes of each young person at each stage of their journey through and beyond care</p> <p>3. We have an increased number of post 16 LAC who progress and achieve good outcomes in further and higher education, training and then employment.</p>	

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Looked after children, permanence and leaving care	17. Improve access to suitable accommodation for care leavers.	17a. Progress plan to increase provision.  17b Develop system to ensure accurate capture and use of information on volumes and cohorts to give good understanding of future needs.	amber	↔	Karen Dolton	Susan Rolfe	The empty properties scheme with Manchester Settlement is now gone live, for the first property three Looked After Children were identified and moved in September. Two more properties will be available in October creating 8 more places for a shared living in the Gorton and Openshaw area. In total there will be 30 beds available with additional beds being added as properties become available. In addition extra staff have been moved into the supported lodgings scheme in order to increase bed capacity in this area- focussing particulalry on the North and centre of the City where there is less choice for young people. Work with Baranardos to project numbers and cohorts so that accomodation options are based on projected needs of the young people.		Increase avaiability of accomodation options for careleavers.	The needs of care leavers are explicitly known and understood with a range of suitable accommodation provision to meet the needs	
	18. Prioritise and develop the recruitment of adopters to reduce further the mismatch of carers available to children waiting, particularly to meet the needs of Black ethnic minority children.	18a. Develop clear recruitment strategy based on projected needs, with clear targets to meet projected numbers of LAC requiring adoption.  18b. Develop adoption team to be child focussed, target driven, focussed on child's timescale.  18c. Clear vision of where we want to be 3-5 years time, with identified training needs analysis for staff.  18d. Mentoring, re engaging of staff group and emphasis on making a positive difference for children.  18e. Re stating of professional standards and boundaries for their roles and responsibilities set within a performance management framework which is focussed on improvements for children.	amber	↔	Karen Dolton	Janice Schofield	We are preparing a bid with a VAA to the DFE with a view to collaborating with them. If successful they will undertake a short diagnostics, provide strong management support to our service, improve performance management and performance against our adoption scorecard and provide our staff with the tools and skills to improve the service and meet the needs of MCC children that need adopting. The VAA will have a deliverability target of recruiting an additional 30 adopters for MCC. We have also been in consultation with Stockport who have an outstanding adoption service will work with us to support the transformation of the adoption services through mentoring our managers and providing job shadowing opportunities for our staff. Additional resources have been provided using the Adoption reform Grant to ensure robust tracking and care planning for all unborns, 0-5 years olds in care or on CPP to ensure there is no drift in planning.  Bid with VAA to the DFE was successful Project set up meeting on 20 Jan and delivery partner invited. Plan will be presented to LAC strategic board in Jan.  Plan will detail how we will recruit additional adopters and will address leadership and management challenges in the adoption team		There is evidence of improvements in adoption timescales for children since April. Clear targets for adopters has been set for next year and increase use of VAA to meet the needs of children rather than them waiting.	Children who may require a plan for adoption are identified at the earliest opportunity. There is no delay in the planning for those children. There are a range of adopters available for those children. Manchester to have an outstanding adoption service that meets the needs of children who need adopting irrespective of their needs. Planning is timely, child centred, and everybody understands the need for children to live in permanent homes	
Looked after children, permanence and leaving care	19. Develop foster to adopt and concurrent in-house provision and increase the use of voluntary adoption agencies.	19a. Collaboration with VAA to develop this service	amber	↔	Karen Dolton	Janice Schofield	Initial early meetings with VAA to scope work  Links established with Coram to progress this work and some carers have been identified. We are considering options to expediate this work			There is sufficient "foster to adopt" and concurrent placements to meet need	
	20. Undertake a quality assurance audit of supervision and ensure that there is sufficient management oversight on all cases, and that social work staff are receiving appropriate support, including time for reflection and help in achieving timescales and planning progression	20a. Plans for supervision audit in place. Regular quality assurance audit of supervision will be part of revised Learning and Development framework.  20b. GMP suggests embedding a reciprocal process of multiagency audits (the frequency and performance framework to be agreed with partners) as a means of ensuring a degree of independence in assessment.	Amber	↔	Lana Shannon	Heather Johns	Supervision case file audit to be implemented Nov 14. SW and TM focus groups set for 25th and 27th Nov. respectively. Report to be completed 1/12/14  QA process is starting week commencing 19 January. Guidance is being added to children's manual. There will be a team manager in each locality who will be the adoption link manager and they will be the point of contact for adoption services and will attend adoption steering group meetings.		Supervision action plan will propose measures to be tracked. Improved timescales for LAC and child protection planning. Improved quality of supervision contribution to reduced referral rates and repeat child protection planning.	The workloads of social workers and managers support highest quality supervision and management oversight. Effective performance management, monitoring and QA systems in place to support this.	
Looked after children, permanence and leaving care				↔	D. Copley	SUPT RAWLINSON					

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Provision of help	21. The local authority and its partners need to ensure that early help is targeted and coordinated effectively, so that families receive support when need is first identified and the number of referrals to children's social care is reduced as a result.	21a.To explore the options for addressing gaps in health contributions to the issue of domestic abuse ( contributing to the Delivering Differently Programme March 2015)	amber		Karen Dolton	Julie Heslop	The Early Help project was initiated in October 14 to improve partnership arrangements and Early Help for Children. Between October and December 2014 significant progress has been made in a number of areas including:  - Established the Family Services Directory - Produced of the Early Help Handbook – On website - Recruitment of Early Help Co-ordinators & Advisors - Early Help overview training provided to practitioners - Engagement with schools re Early Help and reviewed MCAF with schools to gather required changes.		1. 156 cases have been referred to Early Help Coordinators through the DA triagew since 1.9.14. These are being tracked and monitored with support from Early Help team as appropriate. Workflow process set up in MICARE. 2. Categories identified and available on the service directory. Early Help coordinator and support officers' role defined. 3. Enhanced	There is a comprehensive and clear early help offer. There is a broad range of interventions that meet need with proven track record of working. Partners are able to easily identify interventions and can readily access support . The Early Help offer will be better udnnerstood by partners.  1. Early Years and School Readiness - more children achieve a good level of development by the age of 5) 2. Reduced Dependency - Reduced demand by Manchester's families on targeted and specialist services across all agencies. 3. Narrowing the Gap - Improvements outcomes for Manchester's children in terms of - childhood obesity, dental hygiene, teenage conceptions. Improved outcomes for LAC.
					Gladys Rhodes White	Julie Heslop	- Established workflow through the MASH and referrals received. - High level requirements gathered for changes at the Front Door to enable direct triage to Early Help. - Training of contact centre staff for Early Help. - Mapping of Early Help leads across agencies underway.  The lead for the project has changed from John Edwards and Elaine Morrison to Julie Heslop with direction from Gladys Rhodes White.		* Recruitment of Early Help Co-ordinators & Advisors * Early Help overview training provided to practitioners * Engagement with schools re Early Help and reviewed MCAF with schools to gather required changes. * Established workflow through the MASH and referrals received. * High level requirements gathered for changes at the Front Door to enable direct triage to Early Help. * Training of contact centre staff for Early Help. * Mapping of Early Help leads across agencies underway.	
					Karen Dolton	Julie Heslop	3. Mulit-Agency training revised and enhanced.			
		21b. To ensure that the Health Early Years and offer of targeted Early Help interventions and services are understood and embedded into the overall early help offer across the partnership	Green		Ian Williamson	Anna Berry	The Health Early Help Offer has been mapped out and shared with partners via the Children's Board, targeted meeting with EH coordinator and via Improvement Board Exec. CCG are engaged in the process to embed this into the overall Early help offer	Jan-15	Targeted Service Evalaution, impact analysis , service user invovlement  This is included as part of the CCG quality assurance process of providers, self assessments and audit programmes will be ensuring evidence of voice of the child	
		21c. Through the Manchester Schools Alliance a review of Early Help Provision across the system is underway to identify the strenghts, and areas needing development.	amber		Gladys Rhodes White	Julie Heslop	A review of Early Help provision has been conducted through a survey to start to identify the strenghts, and areas needing development. Arrangements are being put in place for Edwina Grant to meet with Headteachers on 28th Jan to discuss Early Help.	Feb-15	1. Practitioners are supported through the Early Help assessment process, families are receiving timely and appropriate support. 2. Practitioner are supported and challenged appropriately and are able to access information and advice about services and interventions available locally. 3. Better understanding from partners	
	21d. Group of Head Teachers working collaboratively to provide support and challenge to develop the Early Help Offer									
	21e.Scope out the role of GM Pin EH process within the MASH setting	amber		D Copley	SUPT RAWLINSON					
Provision of help	22. The authority should seek to emulate its approach to and success with the troubled families programme through family intervention and the new children in need service, to ensure that help and support for families who struggle is timely and effective.	22a.Some schools are contributing to the expansion of the Troubled Families Programme and the learning from this will be disseminated city wide.	amber		Karen Dolton	Kerry Mehta	CiN programme up and running. The specification for the tender has been drafted and date for sign off is 21.11.14. Evaluation workshop held on 10th November and will inform the roll out across the City. Evaluation process in place to evaluate the impact. Monthly project board to track proress. Teams to be in place end of February.		CiN service id delivered City Wide, evaluation framework in place and evidences impact.	Expansion of Troubled Families and Children in Need programme.A range of interventions modelled on TF and CiN that provide helpa dn support at an earlier stage to support sustained " step down"
					Gladys Rhodes White	Julie Heslop				



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Provision of help	23.Develop a shared protocol with the police for domestic violence notifications	23a. A safeguarding and case loading review to be undertaken with health providers to give assurances re: continuing safe delivery of safeguarding services.	Green	↔	Karen Dolton	Sarah Jackson	A) A triage team was set up on 1/sept with staff co located from GMP, Health and Socasil care staff. Joint protocol and shared tools which will be used in MASH from 1/12	Completed	Reduced referrals through to social work teams ( impact)	A multi agency safeguarding team (MASH) is in place working to an agreed protocol with effective referral pathways. Notifications are jointly assessed based on shared information to identify the appropriate response. Continuing impact analysis and performance data to demonstrate that services are appropriately aligned to the needs of children, young people and families	
		23b. Allocation of sufficient employees within the MASH to meet demand. Including health and GMP employees, social workers and early help co-ordinators					B) MCC, Health and GMP employees now co-located in the Hub. Work is ongoing and on track to review demand and capacity throughout Dec and Jan to inform future planning of resources.	Feb 2015	Performance data.		
		23c.Development of appropriate provision of health input to the MASH ( a multi agency safeguarding team (MASH) is in place working to an agreed protocol with effective referral pathways. Notifications are jointly assessed based on shared information to identify the appropriate response) Need to identify health resource/representation across the health economy to be part of MASH		↔	Ian Williamson	Anna Berry	A co located team will be in place by 1st December 2014 consisting of identified health staff working to an agreed ISA and contributing to risk assessment	December 2014 (phase2) Completed	Staff in place		
Improving Performance Information and quality assurance	24.Strengthen the quality assurance process for reports to the adoption panel and the role of the adoption panel in quality assurance.	24a. Staff to be provided with advice in terms of key quality issues. New grading of work quality by the adoption panel to be put in place.	amber	↔	Lana Shannon	Heather Johns	Quality advice issued to all those completing reports to the Adoption Panel. Agreement reached with Adoption Panel for new grading approach to reports received with specific required management action in response. Quality issues will be monitored through the Adoption and Fostering steering group. (first revised meeting 2.12.14). Revised issues logs completed for fostering panel. Adoption issues log to draw on statutory 6 month report from adoption panel to MCC.	Jan-15	Grading judgements of reports by the Adoption Panel. Increased number of reports graded as "good". Current position (set out in Adoption Panel report September 2014) Child placement reports (CPR)are 4 % good, Prospective adoptors reports (PAR) are 19% "good". Target by May 2015 CPR 15% "good" and PAR 40% "good". By December 2015 CPR 50% "good" and PAR 50% "good" PAR 11% are poor. CPR 19% Par are poor CPR 7% at May 2015 Dec 2015 CPR 3% poor PAR in May 12% by Dec 6% Description will be replaced to inadequate	A robust quality assurance process prior to reports being submitted to adoption panel. Adoption panel has an effective role in driving up standards for adoption reports	
		24bRevise focus of adoption and fostering steering group to support clear performance management and clear communication to staff.									
Improving Performance Information and quality assurance	25. Improve the effectiveness of the independent reviewing officer service, particularly in relation to listening to the views of children, the rigour of challenge that is given to care plans and the process of escalation where there are continuing concerns about practice and progress of plans.	25a. Produce business case for additional capacity.	amber	↔	Lana Shannon	Heather Johns	Agreement confirmed for additional capacity.Short listing completed 9/1/15 and recruitment process initiated. What "good" practice looks like guidance completed for staff. Revised and strengthened escalation policy drafted. Head of Service to meet with IRO Managers every Monday to review timescales for children and escalation impacts, to start 1.2.15.	Jan-15	People in post. Revised escalation procedure to in place by in place by December 2104 with implemetation plan. Clearer management action evidenced in relation to issues escalated by IRO's . Reduced drift and time spent as LAC. Reduced LAC population. Reduced number and duration of Child Protection Plans.	Independent Reviewing Officers ( IRO's) have reduced caseloads and are consistently performing in accordance with the requirements of national guidance. Effective systems in place for rigourous challenge of poor practice and case planning	
		25b. Set out what "good" looks like for IRO practice.									
Improving Performance Information and quality assurance	26. Improve the collation, accuracy and reporting of a range of performance information to ensure that the most up to date data is available across children's social care and is used to drive service improvements across all areas.	26a. To agree new approach to data quality focusing on support to staff and the need for improved compliance with expected standards. Data quality to be a core consideration in the revised performance management and quality assurance framework and the governance processes in place.	Amber	↔	Lana Shannon/ Sarah Henry	Heather Johns/Jill Meredith	Task and Finish group have met and agreed development actions around The Task and Finish group has met and agreed development actions around the data quality, format and scope of performance reports and the audit framework The Draft Quality Assurance framework July 2013 to December 2014 has been reviewed 10/12/14 and the summary findings have been incorporated into the new Learning and Improvement Framework 2014. The framework includes a monthly core audit and schedule of thematic audits in an annual cycle for 2015 with audit activity going live January 15. Activity engages both operational and senior managers in the quality assurance process and currently work is being undertaken to ensure we have a robust suite of audit tools for the service. The framework also details the governance arrangements which will come on stream in conjunction with the performance clinics from February.	Jan-15	Governance processes in place and receiving reports in compliance with the guidance. Number of improvement actions completed as a result of the revised framework. Implementation plan will set out the impact evaluation of the revised framework. All staff should be more outcome and improvement focused and confidence levels should be significantly higher regarding performance management behaviour throughout the organisation.	An effective system wide performance management, QA and performance monitoring is embedded , driving improvement and change as well as influencing behaviour .	