

## Action Plan Following Announced Safeguarding & LAC Inspection: March 2011

Area for Development	Analysis from the Ofsted report. Numbers refer to paragraphs	Outcome	Action	Lead	Partners	By When	Evidence of Progress
<p><b>Safeguarding</b> Review the participation and attendance of adult services at child protection conferences to ensure that they actively contribute to the planning process where they are involved with the adults in the case</p>	<p>25. Adult mental health and substance misuse services are not sufficiently engaged in offering information to conferences or attending when they are actively involved with the adults in the case.</p>	<p>Full engagement of adult mental health and substance misuse services in relevant conferences either by attendance, or by timely contribution of a report.</p>	<p>CEF Safeguarding Manager and Dpty Director, S&amp;CS to establish work programme to support Think Family across adult and children's services</p>	<p>Safeguarding manager (DG)</p>	<p>S&amp;CS, Oxford Health, PCT, DAAT, TV Probation, Oxfordshire Domestic Abuse Strategy Group</p>	<p>Immediate</p>	<p>3.5.11 Agencies have been notified and advised to ensure staff attendance: Oxford Health DAAT S&amp;CS TV Probation, Domestic Abuse provider agencies.</p> <p>6.5.11 Oxford Health established system to manage all health invitations to case conferences to ensure appropriate adult and children's professionals' attendance.</p>

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Ensure that all reports for CP conferences are distributed in advance so all participants are able to read them prior to the meeting	25. Reports by social workers are distributed in advance, but reports from other agencies are not distributed prior to the case conference and, as a result, parents and carers are unable to consider the content, take legal advice or get the help of an advocate if necessary.	Reports by all agencies discussed with and distributed to parents, carers and agencies in advance of case conferences.	Multi-agency working group set up to develop reports templates; target timescales; specialist training in good practice; publicity. Consultation via Area Safeguarding Panels. All agencies' policy and procedures to be reviewed to ensure compliance and actions to be taken by managers and practitioners to ensure implementation	OSCB Development Officer (DH)	CEF services including Business Support, Schools, Oxford Health.	3 months: July 2011	6.5.11 OSCB Exec approved actions  11.5.11 Children's social care agreed target: reports to be shared with parents at least 48hrs prior to conference
Improve the quality of child protection plans to ensure that all the risk factors are appropriately recorded with clear action plans and timescales for addressing them.	27. CP plans are always in place, but not sufficiently clear about the outcomes expected from them or the timescales in which these should	Case audits and dip samples indicate that high percentage of plans have clear outcomes and timescales.	Partners working group to undertake service improvement plan	Safeguarding Service Manager (SH) OSCB development officer (DH)	CEF: Ind Chairs, Conference admin, Key social workers and managers,	July 2011	6.5.11 Service improvement plan approved by OSCB Exec

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Improve the timeliness of the distribution of plans and minutes to all participants.	be achieved. 25. In some cases, the circulation of the outline plan and full minutes is too slow. (Current performance: <50% within 28 days. SCRs have recommended 10 days)	Improve performance and achieve local target	Included above		Core group attendees: Health practitioners, adult services		
Improve the timeliness of convening core groups following initial case conferences to ensure that the CP plan is properly implemented.	27. In a small number of cases core groups are not convened quickly enough after the case conference to develop and implement the CP plan.	All first core group meetings taking place within 10 days.	To be included in service improvement plan above.	Area Social Care Service Managers (KP, PB)	Agencies attending core groups	July 2011	
Improve the attendance of key agencies at OSCB meetings so that they can contribute fully to ensuring that all children in Oxfordshire are safe.	60. Attendance by some key members is poor and this does not allow them to contribute fully to the development of OSCB (5/18 reps attended <40% last 5 full Board mtgs)	Full attendance at Board meetings by all representative agencies	20.5.11 Chair leading exercise to review Board members' contribution to safeguarding in their agencies. Attendance to be reviewed at every Full Board meeting. Chair's letters to be sent on two	OSCB Chair and Development Officer (AH,DH)	All agencies	July 2011	

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Ensure that all children who return home after being reported missing to the police are offered the chance to talk to someone independent about their experiences.	18. Although return interviews are undertaken, not all CYP are offered the opportunity to speak with an independent adult	Access to an independent adult for all CYP who return after being reported missing	absences. Establish monitoring arrangements for return interviews. Identify and establish suitable independent resources which can meet needs of different groups of CYP	Area Social Care Manager with lead for Missing Children (KP) Lead officer for advocacy/ind visitor service (JV)	Members of Missing Children Panel Residential Homes manager (LT)	July 2011	11.5.11 FWi monitoring report for return interviews developed
Improve systems of recording to ensure that all relevant documentation is easily accessible	28. Risk not clearly recorded in one accessible document  New systems are planned but have yet to be rolled out across the service.	Clarity of risk assessment and planning  Improved documentation that is user-friendly to both authors and readers	Single multi-agency risk assessment form to be developed and adopted by all agencies	Service Manager, Strategy, Performance & Development (HF)  Area Service Manager (SL)	Social care managers, Oxford Health  CEF Business Support	July 2011	9.5.11 Model risk assessment and risk management plan drafted for consultation with social care and health.  New FWi recording forms implemented
<b>Looked After Children</b>  Increase the pace of improvement in the educational attainment and attendance of LAC to ensure better achievement and	87. Improvements in attainment are being made but local targets are not yet met.	Improved performance at KS2 and GCSE in 2011  Improved	Review actions under school development plan	Virtual School Head Teacher (NM) Access & Inclusion Strategic Lead (IW)	CEF attendance and inclusion services, Schools,	Immediate	Organisational re-design includes re-focussing of management accountability

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outcomes to enhance their life chances	91. Despite improvement in 2010, the number of LAC missing a large proportion of schooling and absence rates remain above the national average. The VS is taking action, but it is too soon to see the impact.	performance in attendance		Looked After Children, Strategic Lead (FF)	Social Care, Oxford Health		for LAC attendance and attainment within Early Intervention to support Virtual School.
Ensure that the assessment of risk posed to or by the child or young person is clearly outlined in one specific document	106. Although risks are suitably assessed and managed, recording is not effective as it is contained within different sections of the case record.	Risks recorded in one specific risk assessment and plan (see Safeguarding areas for improvement, above: improve systems of recording etc.)	Development of single risk assessment and plan. Revise procedures and implement in FWi	Service Manager, Strategy, Performance & Development (HF)	Social care managers	Immediate	9.5.11 Model risk assessment and risk management plan drafted for consultation with social care and health.
Review the capacity of IROs to ensure that they see all CYP prior to planning and review meetings.	105. A lack of IRO capacity means that conversations with CYP in advance of their review is not possible for those who do not attend.	Sufficient IRO capacity to ensure CYP are seen in advance, whether or not they attend their review.	Review capacity and make recommendations	Service Manager, QA (AS)	Social Care managers	3 months: July 2011	Report in progress: due for completion 27.5.11
Improve the quality of recording in care plans and assessments to	106 Although some care plans and core	Case audits show high percentage of good and up-to-date	Undertake programme of targeted audits	Area Social Care Service Manager (LM)	CEF Business Support	July 2011	

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ensure that the targets set for the child or young person are clear and progress is monitored.	assessments contain a good analysis of needs and risks and are regularly updated, others lack detail and core assessments are not routinely updated. Not all case records contain an up-to-date chronology or genogram.	analysis of needs and risks in care plans and core assessments. All case records contain an up-to-date chronology and genogram.	to monitor quality of care plans, core assessments and chronologies	Service Manager, QA (AS)			
Improve access to independent visitor provision for CYP who are placed outside Oxfordshire	109. Access to independent visitors is good for those who are placed locally but there is currently no facility to offer the service to those placed externally.	Independent visitors available to CYP placed externally.	Expand TOR and membership of LAC Health steering group to include IV service (Viva). Scope potential solutions and identify actions	Service Manager, Residential Homes (LT)  Service Manager lead for disabled children (SA)	Viva Oxford Health	July 2011	
Ensure that reports on complaints made by LAC and care leavers are regularly reported to the corporate parenting panel and action resulting from these complaints is clearly recorded.	117. Outcomes from complaints are not reported to the corporate parenting panel.	Regular reports made to corporate parenting panel.	Add to regular Corporate Parenting reports summary of complaints received and resolutions, actions taken	Strategic Lead for CLA (FF)	Complaints & Resolutions Officer (JV)	July 2011	
Improve the quality of	120.	Regular reports made	OSCB Exec to	OSCB Chair (AH)	OSCB	July 2011	

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reporting on the needs of LAC to OSCB, ensuring that this specifically addresses their safeguarding needs.	Although OSCB does receive some regular information about LAC, this does not systematically cover all the needs of LAC.	to OSCB on the full range of safeguarding needs of LAC.	decide LAC reporting arrangements	Strategic Lead for CLA (FF)	member orgs		

**Please note: Designations and named leads will change on implementation of Children, Education & Families' re-designed structure. Amendments will be made to this action plan at this point.**

Glossary:

CEF Children, Education & Families Directorate of Oxfordshire County Council  
 CLA children looked after  
 CP child protection  
 CYP children and young people  
 DA domestic abuse  
 DAAT Drug & Alcohol Action Team  
 FWi Frameworki: social care recording system  
 IRO independent reviewing officer  
 IV independent visitor  
 KS2 Key Stage 2  
 LAC looked after children  
 OCC Oxfordshire County Council  
 OSCB Oxfordshire Children Safeguarding Board  
 Oxford Health new organisation comprising community health and mental health services  
 PCT Primary Care Trust  
 QA quality assurance  
 SCR serious case review  
 S&CS Social & Community Services  
 TV Probation Thames Valley Probation Service  
 Viva Oxfordshire's independent visiting and advocacy service  
 VS Virtual School for looked after children

