

Recovery Plan

6TH JANUARY – 30TH MARCH 2020

Thresholds at the Front Door and Early Help

Task num	Key action	Activity	Outcome	What this means for children	Lead	Target date	Rag rating
1	Identify all children and young people who are currently managed within Early Help whose needs meet the threshold for a statutory social work service and step cases up.	<ol style="list-style-type: none"> 1. Identify top 10 risky cases and audit with QA manager. 2. Identify an audit programme and complete an audit on all cases. 3. DCS and AD to agree with Redcar how cases reviewed re thresholds are processed via the MACH. 4. Step up identified cases to social care for assessment and intervention where required. Point 2 - 	Thresholds for early help and social care will be appropriately applied and risk will be managed at the correct level. The interface between early help and statutory services is clearly and effectively differentiated. Workers in early help and statutory services demonstrate that they understand this difference. they understand the difference.	Children, young people and families will be offered help when needs and/or concerns are first identified. The early help provided improves the child's situation and supports sustainable progress and when things don't improve, statutory services are available at the right time.	Director of Education, Prevention and Partnerships, Director of Children's care, Head of Service for Assessment	Priority Cases identified by 10th Jan 2020. Audits programme completed by mid Feb 2020	Green
5	Consistent application and understanding of screening and referral thresholds in the MACH and Assessment Team.	Deliver a Clarity and Confidence Programme on application of thresholds with a particular emphasis on repeat contacts and the impact of cumulative neglect.	Staff undertaking screening and assessments will all be up to date with basic skills and requirements to make safe and appropriate decisions. Part of a series of mandatory workshops.	As above	Head of Service for Assessment, PSW, Head of Service Prevention, Head of Service for Transformation	End March 2020	Green
6	Regular auditing of decision making at the front door.	<ol style="list-style-type: none"> 1. Weekly audit of contacts / referrals / step down to Early Help from the previous week. 2. Live audits in the MACH alongside staff to test their understanding and application of thresholds and decision making. 3. Regular audits of the outcome of assessments to ensure appropriate decisions are being made at the conclusion of assessments and cases are not being closed / stepped down inappropriately as set out in Quality Assurance Framework. 	Assurance that decision making and application of thresholds is appropriate. Findings will inform the delivery of the Clarity and Confidence Programme	As above.	Head of Service for Assessment, Head of Service for Transformation, PSW, QA Manager	For the duration of the plan. To begin w/c 13th Jan 2020	Green

Impact: Thresholds at the Front Door and Early Help

What have we done?

- In January, all Early Help cases held by the MBC internal teams were audited and RAG rated (900 cases). As a result, all high risk cases were audited in depth and remedial action taken where appropriate. This resulted in 130 children (15%) of the cohort of cases being stepped up to social care. A further 140 cases were subsequently stepped up between February and March as a result of escalating risk identified by family caseworkers. There is a greater level of challenge MACH decision making and step downs to ensure we continue to support an improvement to threshold decision making has improved. Overall 270 cases have been stepped up to social care between January – March. These cases are being tracked to ensure these families receive the "right" outcomes as a result of the social care assessment. As of the 6th April, 52% (146) of these cases were progressing with an assessment. The 10 cases closed are being reviewed by the Head of Service for Assessment to ensure the closures were correct or if this is a recording issue and the cases are held in Early Help.
- All cases which require a step down to Early Help are audited at a Team Manager level to ensure they meet the correct threshold. There has been a reduction in step downs, from an average of 26% of case closures in quarter 3 compared to 17% in quarter 4. There has been a particular drop in step downs from the Safeguarding and Care Planning teams which is being address by the Head of Service for Safeguarding and Care Planning who will be holding a CIN clinic for cases open over 12 months to review next steps i.e. escalation or step down of these cases. This Head of Service will also review case threshold transfers on a monthly basis to support appropriate decision making. Team managers in Safeguarding and Care Planning will hold a weekly step down meetings with Family Casework Managers.
- A sample of new Social Care assessments which result in an NFA are audited on a weekly basis to ensure families are receiving the correct intervention. It has been identified that the percentage of Single Assessments with an NFA outcome remains high at 48% in quarter 4. Although this showing signs of a reduction, with 30% of closures resulting in NFA in March, the Head of Service for Assessment has put in place a process whereby a case cannot be NFA-ed without a discussion with Early Help who would advise on a possible step down or sign posting to partner agencies. It is hoped this will support a greater understanding of Early Help support available and support our confidence that the right assessments are being NFA-ed.

Impact: Thresholds at the Front Door and Early Help

- Decision making in the MACH is audited internally and externally on a weekly basis to check decision making is correct and thresholds are being applied appropriately. This has resulted in an increase in professional challenges from Early Help to the STMACH regarding thresholds for early help. Our external commissioned team, Innovate, have reported on improvements in the quality of decision making and application of thresholds. The Innovate audits disagreed with the Threshold applied in 1 case out of 40 within March. These audits are also being moderated by the Head of Service for Transformation to ensure Innovates audits on thresholds are in line with MBC's realigned thresholds. We will continue with a random sample of front door decisions and a moderation process.
- There has been an improvement in the joint working and scrutiny of data between Early Help and Children's Care through the initiation of the Quality and Performance workshops which include team managers and case level discussions.
- The redeployment of Early Help social worker staff into Children's Care during COVID 19 has further supported the working relationship and understanding of services between social care and early help.

SO WHAT?

- As a result of the process we can now be confident that this cohort of children are receiving a social care assessment and intervention where appropriate and the cases held in Early Help are appropriate.
- There has been an increase in demand in the Social Care as a result. We are working to ensure an increase in demand does not impact on the improvements we are making in the quality of practice. This has included the procurement of 2 teams of 5 workers and a team manager each to support demand during COVID 19 starting w/c 6th April and 14th April.

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Task number	Key action	Activity	Outcome	What this means for children	Lead.	Target date	Rag ra
2	Review management capacity in the MACH	<ol style="list-style-type: none"> 1. Review what level of management capacity is required. 2. Secure resource to provide additional management capacity to sit in the MACH. 3. Increase presence of Middlesbrough HOS in MACH. 	There will be sufficient management capacity to have strong oversight of threshold decisions on MACH / screening and ensure that Middlesbrough's perspective is fully recognised in all decision making.	There will be sufficient management capacity to have strong oversight of threshold decisions on MACH / screening and ensure that Middlesbrough's perspective is fully recognised in all decision making.	Head of Service for Assessment	End Jan 2020	R
3	Review and revise and finalise the current draft MACH Operating Procedures including screening of contacts, management oversight and decision making and responding appropriately to cumulative harm (multiple contacts).	<ol style="list-style-type: none"> 1. Meet with Redcar & Cleveland to review the current draft operating procedures. 2. Give particular attention to the application of thresholds, quality assurance process and Middlesbrough challenge to decision making if audit findings require action. 3. Ensure appropriate expertise is in place for the screening of Domestic Abuse, CSE and Neglect issues at the point of referral. 4. Set dates for regular review of the operating procedures. 5. Train all MACH staff in the use of the procedures. 6. Re-instate MACH Operational Groups for an initial 6 month period. 	Clear, agreed and understood operating procedures will be in place.	Consistent decisions will be made for all children across Middlesbrough and Redcar & Cleveland which meet their individual and demographic needs .	Director of Care Middlesbrough, Assistant Director R&C, Head of Transformation, Head of Assessment	1 - 4 End Jan 2020, 5 - 6 Mid Feb 2020.	R

Impact: Operation of the MACH

What have we done?

- There are 2 Team Manager and 2 Assistant Team Managers in post.
- The majority of staff within the ST MACH & Assessment Teams have undertaken the 'Screening & Assessments' & 'Homelessness' Clarity & Confidence Workshops to improve the quality of screening and threshold decision making.

SO WHAT?

- A full compliment of screening social workers has improved engagement with referrers/partners and members of the public to enhance the screening process.
- Despite the increase in management capacity, there have key challenges with the MACH for the MBC improvement journey. MBC's lack of control over the operational running of the team has resulted in a considerable dialogue and challenge with Redcar to support the key improvements we require, at the pace we require. Accordingly, **the Operational procedures remain outstanding.**
- Audit activity and challenge with Redcar has provided **assurance that correct thresholds are now being applied to Middlesbrough children** within the joint arrangement. This is reflected in the increase in conversion rates as there has been a 47% increase in the rate of referral per 10,000 to social care from March 2019 compared to March 2020. The rate of referrals have increased from a rate of 916 Quarter 3 to 1094 in Quarter 4.
- Increased management capacity in the front door should improve resilience in terms of management however this has not impacted on the timeliness of processing contacts. This dropped to 52% in March 2020, below the 90% target for the service.
- NFA from contacts (referrals) also remains low and is lower than the 2018/19 outturn, again indicative that thresholds are being applied correctly. However this is also due to an improvement in recording as Information and Guidance is now being recorded as such. There has been a reduction in NFA from 17% in November 2019 to 2% in March 2020.

Thresholds

Task number	Key action	Activity	Outcome	What this means for children	Lead.	Target date	Rag rating
4	Support a clear understanding of appropriate thresholds within our workforce and with our partners.	1. Create resources to support our internal clarity on appropriate thresholds.	Professionals across South Tees identify children and young people in need of help and protection. They make appropriate referrals and there is an appropriate and timely response to referrals. Professionals understand thresholds and this leads to children and families receiving effective, proportionate and timely interventions which improve their situation. A reviewed threshold document will be in place which is agreed across South Tees.	As above	Director of Care Middlesbrough, Assistant Director R&C, Head of Service for Transformation, Head of Service for Assessment	Mid Feb	Red
13	Consistent application and understanding of thresholds in Children Protection and Looked After Children services.	Deliver a clarity and Confidence Programme on application of thresholds with a particular emphasis on cumulative neglect and entering care.	Staff undertaking basic skills and requirements to make safe and appropriate decisions. Part of a series of mandatory workshops.	As above	PSW, Head of CIN / CP, Head of Service for Transformation	End March 2020	Green

Impact: Thresholds

What have we done?

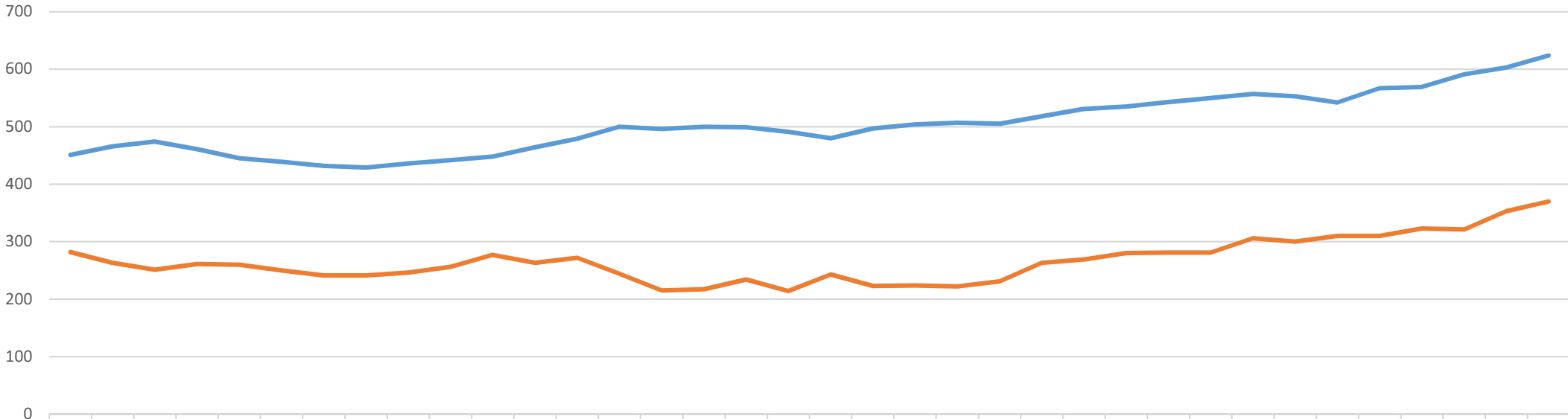
- Internal and external audit focused on the front end of the system (i.e. Early Help, MACH and Assessment) has identified that we are now applying more appropriate thresholds to cases.
- Our threshold document has not been updated as it is a Tees wide document however the Appendix to the document which outlines the criteria for each tier has been amended internally and is being applied across the Directorate.
- Whilst we acknowledge further work is required to continue to embed appropriate thresholds, particularly in the longer term social care tiers (i.e. threshold for Child protection, PLO and children looked after) our progress is in line with our targets and we are transferring our focus of audit and capacity to support these areas of work. As a result demand for Social Care has increase by 27% in the past year beyond our statistical neighbours, regional neighbours and national indicators. In the past year, Looked after children have increased 20% and Child protection have increased 41%. The increase in children subject to a child protection and children looked after have spiked after the inspection. It has **increased 19% between November and March compared with 10% between July – October. The rate of looked after children has increased 10% from November 2019 – March 2020, compared with 1.5% between July – October.** Children In Need cases have increased by 27% (with those on a CIN plan increasing by 11%) and Early Help by 15%.

SO WHAT?

- More children are receiving the right level of intervention to support their needs. We are aware further work is required to focus on the quality of this intervention and the need to continue to test and improvement the application of thresholds across the child's journey.

Impact: Thresholds

Middlesbrough CLA & CP Trends



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
CLA	451	466	474	461	445	439	432	429	436	442	448	464	479	500	496	500	499	491	480	497	504	507	505	518	531	535	543	550	557	553	542	567	569	591	603	624
CP	282	263	251	261	260	250	241	241	246	256	277	263	272	244	215	217	234	214	243	223	224	222	231	263	269	280	281	281	306	300	310	310	323	321	353	370

Homelessness

Task number	Key action	Activity	Outcome	What this means for children	Lead.	Target date	Rag rating
7	Robust approach to young people who present as homeless.	<ol style="list-style-type: none"> 1. Review the current housing protocol to ensure it is fit for purpose and compliant with legislation. 2. Develop guidance for workforce re: understanding of children's rights and entitlements when they present as homelessness. 3. Develop clear information for young people on their rights as homeless young people and ensure these are shared and understood. 4. Urgent workshop to be developed for staff (MACH and Assessment Team staff) re: assessing children who present as homeless as children in need and explaining their rights - as per Southwark Judgement. 	The workforce will understand roles and responsibilities of social care and partner agencies (housing in particular) where young people present as homeless.	Young people who present as homeless receive a well coordinated approach from social care and housing to keep them safe, have their needs assessed, their rights explained to them. The service they need at the right time	Residential Service Manager , PSW, Housing Head of Service or equivalent	1 - 3 End Jan 2020. 4 Workshops dates to be planned for delivery Jan - Feb 2020	Green

Impact: Homelessness

What have we done?

- Training has been provided to all appropriate staff (social care and early help) from the clarity and confidence workshops with the commissioned Strengthening Practice programme.

SO WHAT?

- All young people who were homeless and open to early help have been stepped up to children's social care and are receiving the correct support.
- Children who are aged 16 are now receiving the correct support and accommodation. They are all aware of their rights under the Southwark agreement.
- The workforce understand their role and responsibilities as social care and those of partner agencies (housing in particular) where young people present as homeless. This is clearly recorded on LCS.
- Further work is required to support a joint homelessness protocol with Housing. The Homelessness provision is due to be brought in house from the xxx. This will further support our joined up work with partners to strengthen this area of practice.
- Further assurance is required to ensure improvements have been embedded via audit.

PACE Beds

Task number	Key action	Activity	Outcome	What this means for children	Lead.	Target date	Rag rating
8	Ensure that children are appropriately safeguarded if held overnight in police custody.	<p>1. Analyse the information provided by Cleveland Police relating to young people being kept in cells overnight.</p> <p>2. Use this information to work with Cleveland Police and the Emergency Duty Team to establish a working protocol to be followed under such circumstances including sharing information with the senior leadership team and feedback from the young person concerned.</p> <p>3. Raise an awareness of the protocol with daytime staff and upload onto Tri-x.</p>	Police colleagues and our social care workforce including senior leaders will understand their roles and responsibilities in ensuring that young people are not held in police custody overnight unless under circumstances permitted by the concordat.	Young people receive a well coordinated approach from the police and social care to keep them safe, have their needs assessed and their rights explained to them.	Head of Partnerships, Director of Children's Care, Director of Education, Prevention and Partnerships	1 - 2 Mid Feb 2020, 3 - End Feb 2020	Amber

Impact: PACE Beds

What have we done?

- There is a multi-agency Tees-wide steering group has been created which includes the Police, Local authority leads and EDT.
- A joint protocol has been written to support our approach to children held in police custody and is in the process of being signed off.
- The police and EDT are sharing the data with Local Authorities on a monthly and quarterly basis. Young people held in custody (if held between 10pm and 8am); 39 young people in January, 38 young people in February, and 33 young people in March. 3 PACE bed requests in the quarter 4.
- A pathway is being set up on LCS to support the recording of when children have reached the threshold for a PACE bed. This pathway sends an automated message to the Director of Children's Care to support leadership oversight.
- Further work is required by the steering group to scrutinise PACE transfers and any issues around failed PACE transfers. The steering group reports to the YOS Management Board on a quarterly basis (as senior LA partners, YOS and Cleveland Police are already present at that Board). This will ensure the correct protocol is in place and children in custody receive a swift and safe response.

SO WHAT?

- Created open dialogue with key partners (Police, Tees YOT's and EDT) in relation to PACE transfers. Data is now being received regularly, and good working relationships have been established.
- Greater assurance that young people are being dealt with appropriately in Police custody.

Safety Planning and Neglect

Task number	Key action	Activity	Outcome	What this means for children	Lead	Target date	Rag rating
9	Improve the quality of child protection enquiries to ensure that they understand the child's experience, do not leave them subject to cumulative harm and do not have an over-reliance on self reporting.	1. Clarity and Confidence Programme / targeted work with TM group. 2. Audit all repeat section 47's.	Children and families will experience child protection enquiries which are thorough, they feel are fair and lead to timely action, which reduces the risk of harm to children.	Children will be kept safe, listened to and supported by social workers and other professionals so that their day to day life experiences improve for them.	Head of Service for Assessment , Head of Service Safeguarding	1. End March 2020. 2 Mid Feb 2020	Amber
10	Ensure that all children and young people subject to a Strategy and S.47 across all Service areas have an up to date safety plan which mitigates risk and evidences contingency planning.	1. Review and revise format for safety plans to ensure they are fit for purpose. 2. Clarity and Confidence Programme with staff re: completion of safety plans. 3. Ensure safety plans developed at the strategy stage, are produced with the child / family, have a record of the contingency plan and are signed off by a manager and uploaded onto the electronic record. 4. All children subject to VEMT to have a safety plan on file which has been signed off by a Head of Service.	Safety plans will be in place for all cases where required and regularly reviewed. Contingency planning will be included should the risks increase during the identified period of the safety plan	Children and families will understand what it is we are worried about and what is required of everyone involved to keep the child safe.	Head of Service Safeguarding , Head of Service for Assessment,	1 End Jan 2020 . 2 - 3 End Feb 2020	Red
11	Improve responses to children who experience significant harm through neglect.	Audit all CP cases	Assurance that all children who are experiencing neglect are responded to safely and appropriately.	Children will feel safe and protected from neglect. PSW	Head of Transformation	TBC according to scope of audit	Green

Impact: Safety Planning and Neglect

What have we done?

- Clarity and confidence training on safety planning by our commissioned Strengthening Practice training has been rolled out to the majority of the workforce. This has been partially suspended due to Covid 19, however online options and online coaching has been made available to staff, who are all attending the session.
- The safety plan template and guidance has been developed and placed on LCS to support consistency in recording and our ability to performance manage the number of safety plans being completed. The number of safety plans on files is increasing by the day and those subject to a child protection plan and vulnerable groups have been prioritised.
- Innovate have been commissioned to provide external audit scrutiny of practice. This work is supported by a learning loop which includes direct mentoring and reflective supervision with managers and practitioners; tracking of actions identified; creation of learning briefs and is learning to be fed into our workforce development plan and strengthening practice programme.

SO WHAT?

- **Safety plans support our assurance that risks have been clearly identified and we have a planned approach to responding to them, should they arise, supported by mitigating actions.**
- We are aware that there is still considerable work outstanding to ensure the quality of safety planning is good, however we are on the expected trajectory for this area of work.
- The audits are supporting changes to practice and culture, however this requires tracking over a longer trajectory.

Children with Disabilities Short Break

Task number	Key action	Activity	Outcome	What this means for children	Lead	Target date	Rag rating
12	Ensure children with disabilities who receive short breaks are appropriately assessed and reviewed by suitably qualified staff	1. Review social work capacity in the CWD service 2 . All children who require an assessment have this completed. 3. All reviews undertaken by a qualified social worker.	Assurance that all children with disabilities are receiving the appropriate statutory support.	Children will be receiving the right support at the right time to safeguard them and meet their needs.	Head of Service CLA, Service Manager for CWD	1. Mid Feb 2020 2. End Feb 2020. 3. end Jan 2020	Green

Impact: Children with Disabilities Short Break

What have we done?

- The appropriate recruitment has taken place to support the recruitment of social workers to support the assessment, tracking and re-assessment of all children receiving a short break. These posts are planned to be in place from May 2020.
- All new children identified as needing a short break are receiving a service in line with the DFE standards, i.e. assessments are undertaken by a social worker. However there is a back log of cases which require a social worker to complete a reassessment of their needs. Once these posts are in operation, we will be assured all children receiving a short break are being assessed in line with DFE standards.

SO WHAT?

- Children receiving a short break will receive a review assessment from a qualified social worker and as such any emerging needs or risks will be suitably assessment.
- Our processes will be compliant with the DFE standards.

Permanency

Task Number	Key action	Activity	Outcome	What this means for children	Lead	Target date	Rag rating
14	Permanency Policy and Guidance	<ol style="list-style-type: none"> 1. Review permanency policy with sign off at the appropriate level (Corporate Parenting Board). 2. Launch the policy with the workforce and provide guidance for staff to support permanency work. 3 Develop Clarity and Confidence Programme and schedule delivery 4. Source minute taker for ADM panel. 20.02.20 CIG Changed to advisor not a minute taker. 	Middlesbrough will have an updated policy which is 'fit for Middlesbrough's purpose' uploaded to TriX and available for staff to refer to in their work. Additional guidance to be provided to staff through Clarity and Confidence Programme.	The roles and responsibilities of the LA and partners will be clearly documented and shared.	Head of Transformation, Head of Service CLA, PSW	1 End Feb 2020 2 - When signed off 3. End March 2020	Green
15	Permanency Monitoring Group (PMG)	<ol style="list-style-type: none"> 1. Relaunch PMG - to be chaired by Director of Children's Care. 2. Ensure existing cohorts identified through tracker work are monitored through PMG. 3. Ensure additional panels in place for children who require long-term match. 4. ATV to sit on PMG. 5. Source business support to panel. 6. Identify early permanence effectively through legal gateway panel and ensure notifications to ATV in a timely way. 	PMG will be effective in monitoring and providing challenge to ensure that permanency planning is effective and that children are reaching their destinations in a timely way.	Where children can not return to their parents, they are found a forever home which is well matched without any delay.	Head of Service for CLA, Director of Children's Care	Mid Feb 2020	Amber

Impact: Permanency

What have we done?

- Mapping of the permanency pathways has been undertaken by the Service and aided by a Business Analyst. This will be used to support the development of the permanency procedure and LCS pathway.
- Whilst there have been some action in this area, there is still a considerable improvement journey to be made to support children looked after forever homes and support our workforces understanding of permanency. Therefore, permanency planning remains a key area for development to take forward into the improvement plan.

SO WHAT?

- We cannot state that there has been any tangible impact made from this work on the lives of children since the inspection and this will be a key priority for the Improvement plan.

Care Leaving Service Personal Assistants

Task Number	Key action	Activity	Outcome	What this means for children	Lead	Target date	Rag rating
16	Reduce caseloads for the PA's	Identify the increase in the numbers of PA's within the service needed to reduce caseloads to an agreed level through recruitment of additional staff / cover for current maternity leave etc.	Caseloads will be reduced to enable more time to be spent with care leavers progressing pathways plans and improving outcomes.	Care leavers will have more time available for them from their social workers to help and support them.	Head of Service for CLA	End of Jan 2020	Green

Impact: Care Leaving Service Personal Assistants

What have we done?

- The service sourced agency Personal Assistant's to support a reduction in the caseloads of PA's and support quality of practice until permanent recruitment was sought.
- Permanent recruitment has taken place.

SO WHAT?

- Caseloads have reduced from over 30, to an average of 22, in line with the Service target.
- Lower caseloads will support an improvement to the quality of practice, support and interventions provided to our care leavers.

Unregulated Placements

Task Number	Key action	Activity	Outcome	What this means for children	Lead	Target date	Rag rating
17	Unregulated placements	<ol style="list-style-type: none"> 1. Launch recently developed procedure re: unregulated placements and amended risk assessment tool to include care vs support matrix. 2. Consider panel to review the changing needs of this cohort and track care vs support needs remain appropriately met / managed. 3. Develop contingency plans for children assessed as having higher care than support needs. 4. Discussion with providers re: registering with Ofsted. 	There will be no young people needing care placed in unregulated settings through better assessment of care vs support needs.	Young people will be placed in safe accommodation which meets their care and support needs.	Head of Service for CLA and Service Manager for Residential Settings	End of March 2020	Green

Impact: Unregulated Placements

What have we done?

- All children in unregulated placements have a completed risk assessments identifying care verses support, using a template developed with Ofsted during the ILAC inspection. This form is currently been uploaded onto LCS to support our ability to report and performance manage on this area of work.
- All unregulated providers have been contacted and supported to register if required. One provided has registered the Care aspect of their home with the CQC and care is provided under a short break provision.
- Unregulated placements were tracked by the DCS on a weekly basis and are now tracked by the Director of Children's Care on a monthly basis. All decisions to place in an unregulated placement are ratified by the Director of Children's Care.

SO WHAT?

- We are assured young people are receiving the right support to meet their needs.
- Those young people with a care need are with providers who are regulated and therefore inspected by Regulatory Bodies and our internal Commissioning arrangements.

Vulnerable Adolescents

Task Number	Key action	Activity	Outcome	What this means for children	Lead	Target date	Rag rating
18	Vulnerable adolescents	<ol style="list-style-type: none"> 1. Review the RMG process and interface with VEMT / VPG. 2. Relaunch the VCL tool with staff and ensure that it is being used for all adolescents within the service as part of care teams to monitor any escalating need and refer into RMG where risk becomes high or very high. 3. Development of a 'Vulnerable Adolescents Strategy' to articulate how all services work together together to safeguard this group. 	Clear procedures across all services for the assessment and management of risk with vulnerable adolescents (to include children who go missing from home and care / CSE / CE.	Young people will know what support they will be offered across all services and what we will do if we become worried about them.	Director of Children's Care, Head of YOS and Partnerships / Head of Service CLA/Service Manager for Residential Care	End of March 2020	Green

Impact: Vulnerable Adolescents

What have we done?

- The Risk Management Group has amended its Terms of Reference to ensure greater management overview and multi-agency ownership of risk
- Awareness Training for CSE, CCE and County Lines has been delivered to over 900 front line workers and is integrated into the confidence and clarity training for SWs
- Introduced a robust system for the response to Missing Children where Team managers and senior managers are sent daily lists, child specific data and trend data to enable them to implement management grip.
- All children missing 3 or more times in 30 days are discussed at VPG to assess risk of exploitation and identified risks shared with SWs and Team Managers
- Safety Plans are now completed for all children open to VPG and RMG and robustly audited by Social Care managers
- A system is in process of being introduced for transitions of VPG and RMG cases to adult services post 18

So What?

- Improved challenge and escalation
- Greater prioritisation and management of risk across agencies
- Increased identification of risk around CSE, CCE, County Lines, Missing and Trafficked, and increased referrals to multi-agency VEMT meeting
- Safety Plans are now completed and submitted for all VEMT and RMG cases and robustly audited by Social Care managers which increases safety.
- We know the identity of the children exploited by OCGs and multi-agency Complex Strategies are now held to make children safer

dership

Task number	Key action	Activity	Outcome	What this means for children	Lead	Target date	Rag rating.
19	Review Skills and Capacity of the Management team	Complete Appraisals and work plans for all members of the senior leadership team (including Heads of Service)	Skilled leadership team	The leadership team will drive the improvement of services for children in Middlesbrough to secure the best outcomes possible.	Executive Director of Children's Services	End March 2020	Green
20	Develop a communications strategy.	Task and finish exercise with staff and partner representation to establish a communication strategy.	High level of quality communication at all levels within the organisation and with partners and the public.	The improvements in services for children will be clearly communicated.	Executive Director of Children's Services, Director of Care, Head of Service for Transformation.	Mid Feb 2020	Green
21	Ensure appropriate audit activity to evidence progress against all elements in 12 week plan.	Complete 12 week audit forward plan	Strengthened audit process focused on key issues	There will be clear evidence that the quality of practice for children is improving.	Head of Strategic Services / QA manager	Mid Jan 2020	Amber
22	Further develop the improvement board to involve multi-agency partners.	Review membership and multi-agency participation in improvement work.	Strengthen multi-agency challenge to MBC improvement journey	Professionals across the partnership work together to have a shared ownership in improving outcomes for children.	Executive Director of Children's Services	End Jan 2020	Blue
23	Review the role and function of the CIG to in light of changes to the improvement board.	Review Terms of Reference - purpose, attendance, governance.	Assurance that CIG is fit for purpose	Services will work more effectively to secure improved outcomes.	Director of Children's Care, Director of Education, Prevention and Partnerships	Mid Feb 2020	Green
24	Redesign the performance framework to drive the quality of practice and support senior leaders in understanding the quality of practice.	1. Redesign the performance framework and clinics 2. Secure additional performance capacity	Strengthened use of performance data to support improvements	Improved outcomes for children.	Head of Strategic Services	1. 8th Jan 2020 2. End Feb	Green

Impact: Leadership

What have we done?

- Since the creation of the plan the leadership team has been further strengthened through the appointment of Sue Butcher as the DCS, Catherine Parry as Director of Children's Care and Pauline Naraine as Head of Safeguarding and Care Planning. These roles are pivotal to the leadership of the improvement journey and cultural shift required in Children's Services. All are experienced social workers and leaders in working with LA's who are on an improvement programme.
- The governance of the Improvement Programme is in place and all meetings are supporting the drive, challenge and support of the improvement programme.
- The leadership are working with the workforce to develop the vision for the Children's Improvement Programme and have identified Middlesbrough Children Matter as the banner under which we will all practice. This has been endorsed by the partnership.
- The Communication Board is in place, chaired by Sue Butcher. We have commissioned Care Leaders to support the development of a child centred communication strategy for 6 months. A website and you-tube channel have been created to support communication with our Stakeholders. A communication strategy and plan is in production.
- The performance framework has been strengthened and the following mechanisms and products are used to drive performance.

Getting to know ourselves

Products	Review	Who	Outcomes
The Improvement Plan	Weekly	DMT	To improve the quality services the partnership provide for children and young people in Middlesbrough and improve outcomes for the children in the Town.
Internal plans: Directorate Plans Service Plans Team Plans	Annual with Quarterly updates within the DCS Clinics	MBC Children's Services Leadership Team	Supports the 'golden thread' which links improvement plan, corporate and community objectives through to individual performance plans, so that each person in the Directorate knows how what they do contributes to achieving the council objectives and improvement plan.
Appraisals and Supervisions	Annual and on-going	MBC Children's Services Leadership Team	Ensuring staff know what individual activities they must complete in order to achieve the required Improvement Plan and Service Plan outcomes. Supervision supports the direction of practice and case level activity. Practice is performance managed.
AYSE Development plan	Quarterly	Principal Social Worker	Supports the quality of social work practice in line with the Improvement Plan within our AYSE cohort.
Performance Report	Monthly	Strategic Services with DMT	Supports DMT ability to understand trends in data and what data tells us about the quality of practice and how this impacts on children over the last month, quarter and year of the Services we provide. To praise practice or hold Services to account where performance differs from identified targets. The analysis of this data should be triangulated with findings for audit and feedback from service users and feed into the learning loop.

Getting to know ourselves

Products	Review	Who	Outcomes
Audit Reports	Monthly and Ad-hoc	QA Manager	A qualitative analysis of the quality of practice and how this impacts on outcomes for children. This should link to workforce development to support the learning loop which results in improvements in practice.
Annex A CHAT report and risk register	Fortnightly	Strategic Services	Supports our ability to understand trends in data and what data tells us about the quality of practice and how this impacts on children in line with the ILACs framework. The analysis of this data should be triangulated with findings for audit and feedback from service users and feed into the learning loop.
Quality and Performance Workshops	Fortnightly	Team Manager reports	To support a Directorate level in depth understanding of performance data, findings from audit and case alerts from IRO's, within a conversation with Team Managers, Heads of Service and Directors. Supports a coherent understanding of performance, challenge and actions required.
DCS Quarterly Clinics	Quarterly	HoS Team	To support DMT's ability to analyse the self-assessment on each Service area on a quarterly basis and support / challenge activity and identify impact.