

**A PROJECT TO RESPOND TO SSI FEEDBACK**

**FOLLOWING THEIR INSPECTION OF**

**HERTFORDSHIRE'S CHILD PROTECTION SERVICE**

**JANUARY 2004**

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## Introduction

In late November/early December 2003, the Social Services Inspectorate inspected Hertfordshire's Child Protection Service. At the feedback meeting on 10 December, the inspectors provided officers with two documents:

- i initial feedback narrative
- ii a working list of strengths and areas for development for each of the standards inspected

Many strengths were identified by the inspection team, but a number of areas for development were also outlined. These areas are sufficiently concerning, to prompt a project managed response prior to receipt of the final inspection report, which will be delivered during January 2004.

Not only is action needed, but it is required within a relatively short timescale. It is expected that the inspectors will return to Hertfordshire in July 2004, and it is the intention of the Director of CSF to ensure that action has been taken to begin to remedy the concerns expressed and that all action can be evidenced. Sufficient action must have been taken and evidence provided to demonstrate to SSI that we deserve to retain our current 2 star rating.

The remainder of this paper outlines the project which will be implemented from January 2004.

## Project Organisation

This project, which follows the recommendations set out in the Project Management Tool Kit (CSF June 2002), is organised via three formal groups:

- Project Management Board (PMB)
- Performance Action Team (PAT)
- Triangle Group (TG)

Set out below are the terms of reference, membership and the reporting arrangements for these groups.

### Project Management Board

Terms of reference:

To oversee the work of the Performance Action Team by setting objectives, agreeing tasks, receiving reports, monitoring progress, considering and procuring resources and providing progress reports, both at the regular weekly meeting with the Executive Member, monthly to the Conservative Leadership Group and to the Children & Families Panel.

Membership:

|                  |  |
|------------------|--|
| Caroline Tapster | Chief Executive HCC (Chair)                |
| John Harris      | Director of Children, Schools and Families |
| Sarah Pickup     | Director of Adult Care Services            |
| Joy Wilson       | Link Inspector SSI                         |

The Board will meet once per month.

## Performance Action Team

### Terms of reference:

1. To consider the policy, managerial, operational, training/development and resource implications of the areas for development identified by SSI both in their working notes and the initial feedback provided to CSF on 10 December 2003. The Team will also consider the implications of any subsequent areas for development included in SSI final report during January 2004.
2. To recommend changes in practice, management, policies and procedures which will further reduce risks to children, improve support to families and enhance the potential for CSF to provide a seamless, quality assured child protection service.
3. To further develop and refine both the success criteria for each of the areas for development and the actions required to ensure change and growth. Draft success criteria and actions have already been collated, which are set out in Appendix 1. These represent the first tasks to be undertaken by PAT. The Team will wish to add to these.
4. To consider the changes that will be required to performance management reporting systems and to make recommendations.
5. To consider what support may be needed by divisional staff to implement its recommendations in full.
6. To liaise with the Triangle Group in order to
  - (a) assure themselves that recommendations being proposed could be implemented, and
  - (b) to monitor the progress of actions agreed for implementation.

### Membership:

|                    |   |
|--------------------|---|
| John Harris        | Director of Children, Schools & Families (Chair)                      |
| John Richards      | Deputy Director CSF (Lead Professional)                               |
| Seona Gordon       | Area Manager ACS (Project Manager)                                    |
| Jenny Lee          | Senior Admin Manager (Project Co-ordination)                          |
| Jacki Rothwell     | Head of Childcare Practice  |
| Carol Taylor       | Head of Child Protection & Custodian of the Child Protection Register |
| Roger de Ste Croix | Senior Development Manager : Service Quality (Acting)                 |
| Marcia Alexander   | Team Manager West Quadrant  |
| Sue Goff           | Long Term Group Manager North Quadrant                                |
| Margaret Dowens    | Team Manager South Quadrant   |
| Mandy Barker       | Team Manager West Quadrant  |
| Carrie Clarke      | Senior Practitioner East Quadrant                                     |
| Mike Spencer       | Education Welfare Team Manager East Quadrant                          |
| Giulia Stevens     | Principal Officer, Child Protection                                   |

This team will be supplemented by external specialist support which is currently being sought. This person will act as an independent verifier and help with constructing the evidence trail.

Each team member will have a specific role to play, which will be based on their experience, skills and expertise. It is expected that they will work with their peers, in teams and in specialist sub-groups taking forward actions which are set out in Appendix 1.

Reporting arrangements:

This team will meet on a weekly basis. Team members through John Richards will report to John Harris. In turn, John Harris will report to the Project Management Board on progress and issues arising from these weekly meetings.

### Triangle Group

Terms of Reference:

1. To implement recommendations that arise from the workings of the Performance Action Team.
2. To undertake specific pieces of work in response to the SSI Inspection (see next section).
3. To ensure that Child Protection Services are being provided to appropriate quality and best practice standards.

Membership:

|                |                                   |
|----------------|-----------------------------------|
| John Richards  | Deputy Director CSF (Chair)       |
| Cheryl Hopkins | Assistant Director Local Services |
| Paul Wedgbury  | Quadrant Manager (West)           |
| Helen Nys      | Quadrant Manager (East)           |
| David Ring     | Quadrant Manager (South)          |
| Mike Benaim    | Quadrant Manager (North)          |

### ACPC

In addition to the work being undertaken by the three groups listed above, there is some action required by the ACPC. This will be handled directly by John Richards working with ACPC members. The reporting mechanism will be through the Performance Action Team to the Project Management Board. This will ensure consistency of approach and continuity of outcomes.

### **Project Action Plan**

The Project Action Plan is divided into two parts:

Firstly, the action associated with the Performance Action Team and, secondly, the action associated with the Triangle Group:

#### Performance Action Team

A detailed examination has been undertaken of the areas for development outlined by SSI. These have been collated under the quality standard headings to which they relate. In Appendix 1 these areas for development are listed in a template which also identifies what needs to change, success criteria, what needs to be done to ensure that changes occur, timescales for change, and finally how the changes will be measured, monitored and by whom.

In effect, Appendix 1 is the first draft of the action plan to which the Performance Action Team will be working. It is acknowledged, however, that these tasks will be added to when the final report from SSI is received.

## Triangle Group

The Triangle Group have been given two tasks to undertake by March 2004. These are:

1. To develop and implement a self-evaluation tool to establish the quality of the work being undertaken with all the children currently on the Child Protection Register. The evaluation tool will not only assess process, but more importantly action, progress and outcomes for children and young people. It is expected that this exercise will determine a baseline of the practice performance of social workers responsible for children on the register.

The exercise will identify on a scale of 1-5, poor to excellent practice. Having such a baseline, will enable management intervention, so that the outcomes for children on the register will improve. A random sample of the completed evaluations will be made to establish the accuracy of the assessed performance.

2. To undertake a case workload measurement and management exercise to establish pressures in the system and areas for development. The methodology for this exercise is currently being developed.

The SSI expressed concern that Hertfordshire has more children registered under the category of emotional abuse than other social services authorities. A further task, within a six month period, will therefore be undertaken for all children on the register in that category.

It is proposed that at the next review for children under this category the SSI findings are shared with the conference participants along with the criteria under which children should be registered in this category.

Further consideration of the risks associated with individual cases will be undertaken and a decision made whether to continue with registration or to de-register.

These three pieces of work will form the basis of regular reports from the Triangle Group via John Richards to the Performance Action Team.

The recommendations from the Performance Action Team which require implementation by staff in the quadrants, will be the subject of performance management and development objectives and targets and monitored through normal line management reporting arrangements.

### **Timescales**

It is proposed that all three formal groups remain in place for at least a nine month period, with a review of their continuation taking place in July 2004. The actions already assigned to the Performance Action Team, have timescales associated with them. Appendix 2 contains a gant chart which shows the timescales for action in each of the areas for development.

### **Training and Development needs**

It is clear from SSI feedback that training and/or development inputs will be needed for some staff. The action plan in Appendix 1 sets out some specific areas for training.

A further exercise has been undertaken which has considered in the light of SSI findings, the training and development responses that appear to be needed for different groups of staff. The results of this work can be found in Appendix 3.

The PAT will be asked to consider the contents of this Appendix, compare the needs with current child protection training programmes and make recommendations about the content of training courses for the next 12 months. They will also be asked to consider how practice can be improved by team development exercises using some of the training/development requirements as a starting point. The aim of both of these pieces of work is to enable CSF to provide a seamless, quality assured child protection service.

## **Resources**

Some financial resources are likely to be needed if the Performance Action Team is to carry out its work effectively and within the timescales set. An initial estimate has been made of what may be required and for what purpose.

### Cover for team members

Much of the work will be undertaken by Performance Action team members, who will be asked to commit at least 1 day per week to work on the project. Given that many of the individuals in the team are busy front line managers or social workers their work may need to be covered especially if they are undertaking a concentrated piece of work on behalf of the team. A draw-down fund of £25,000 should be made available to pay for any cover required.

### Baseline Assessment:

The assessment of the performance of social workers on their cases on the child protection register will require them and their managers to take time out from on-going social work tasks to undertake this work. A sum of £10,000 should be reserved for any additional staff brought in to help with this task.

### Team Consultancy:

It is expected that some external consultancy work will be needed to help the Performance Action Team. This is estimated to be 2 days per week for 6 months. A sum of £19,000 should be reserved for this.

### Contingency:

A contingency fund of £20,000 should be made available should the PAT wish to commission any additional work throughout the life of the project.

In summary, the following resources are estimated to be required for this project:

|                                  | £             |
|----------------------------------|---------------|
| Cover for team members           | 25,000        |
| Base line assessment of CP cases | 10,000        |
| Team Consultancy Support         | 19,000        |
| Contingency Fund                 | <u>20,000</u> |
|                                  | <u>64,000</u> |

In addition to the sums mentioned above, discussions will take place between the Directors of CSF and ACS to determine how the salaries relating to the ACS members of PAT can be charged/re-charged.

The issue of resources will be considered on a monthly basis and adjustments made, as necessary, to this estimate.

## Risks

The risks associated with this project along with contingencies (in brackets) to manage the risk are listed below:

1. Insufficient time available for team members to contribute effectively and therefore falling behind on schedule (**cover can be provided**).
2. Other areas for development identified in the SSI Final Report which will place too great a burden on the team (**rescheduling of actions would be required**).
3. Lack of capacity in Local Services Division to undertake the preliminary base-line assessments (**support fund available**).
4. Lack of capacity in either Operations or Local Services Divisions to implement the recommendations of PAT (**rescheduling of implementation requirements**).
5. Insufficient human or financial resources to enable training programmes to be development and delivered (**contingency fund**).
6. Staff failing to recognise the priority that needs to be given to achieving improved standards in Child Protection work (**An initial mail out to staff from Director CSF followed by monthly updates on progress**).

**INITIAL ACTION PLAN FOR PAT**

**Standard 2: Effectiveness of Service Delivery and Outcomes for Service Users**

| <b>Area for development</b>   | <b>What needs to change</b>   | <b>Success criteria</b>   | <b>How change will be achieved</b>  | <b>Timescales<br/>Start – Finish</b> | <b>How measured or monitored and by whom</b>  |
|---|---|---|---|--------------------------------------|---|
| <p>2.1 Children placed on the Child Protection Register inappropriately and high percentage of children registered under the emotional abuse category</p> | <p>a) Children are only placed on the Register who demonstrably meet the criteria<br/>b) Improvements in the discussion and decision making processes at Case Conferences</p> | <p>Reduction in percentage of children registered under the emotional abuse category.</p> | <p>a) All members of Case Conferences provided with personal copies of registration criteria and SSI findings to help them exercise threshold management.<br/>b) Consideration given to de-registering children registered under emotional abuse category at their next Child Protection Review Case Conference</p> | <p>January onwards</p>               | <p>Review Child Protection Register on a monthly basis<br/><br/><i>Head of Child Protection</i></p> |

| Area for development   | What needs to change  | Success criteria  | How change will be achieved   | Timescales<br>Start – Finish | How measured or monitored and by whom   |
|--|---|---|---|------------------------------|---|
| 2.2 Drift was apparent in a number of cases examined and interventions not significantly focused on outcomes   | Reduce the drift for all children, ensure more pro-active planning and implementation of plans made, which are outcome focused. | At Review Conferences evidence provided of actions undertaken and consequences of these on the children and families. Outcomes for children are clearly identified. | Chairs of Child Protection Conferences expected to check on drift/progress being made and outcomes and make specific mention of these in Child Protection Conference minutes. | January onwards              | Sample 20% of review minutes and action plans of Child Protection Conferences each month<br><br><i>Head of Child Protection</i>                                 |
| 2.3 Many cases were held inappropriately in the wrong team awaiting transfer   | All child protection cases to be held in Long Term teams.   | Progress towards achieving 100% of child protection cases in Long Term teams.   | a) Establish a baseline<br>b) Each QM to draw up proposals/ targets for change<br>c) Plan to be agreed by PAT<br>d) Implement the plan  | January onwards              | a) Monthly progress monitoring report for CSF Board<br>b) Monitor reasons that prevent targets being reached<br><br><i>Quad Managers/<br/>AD Local Services</i> |
| 2.4 The inability to allocate child protection cases to a named, qualified social worker significantly reduced the effectiveness of work with families | Allocate all cases to qualified social workers.   | 100% of all cases allocated to qualified social workers   | Allocation to, and cases held by, non-qualified social workers will cease.  | January – February           | a) Weekly statistics provided to the CSF Board by Quadrant staff.<br>b) Monthly progress monitoring report.<br><br><i>AD Local Services</i>                     |

| Area for development  | What needs to change   | Success criteria  | How change will be achieved   | Timescales Start – Finish | How measured or monitored and by whom                                    |
|---|--|---|---|---------------------------|--|
| 2.5 Child Protection Conference recommendations as part of the Child Protection plan were frequently not met within reasonable timescales | a) Timescales for recommendations to be met should be agreed and set out as part of the plan.<br>b) Actions against timescales should be logged in conference minutes. | Increase the percentage of recommendations met within agreed timescales to 100% | a) Establish a baseline of recommendations not being met within timescales<br>b) Require that all recommendations are accompanied by realistic timescales and these are noted in CP files | January – July            | Sample 20% of cases each month<br><br><i>Head of Child Care Practice</i> |

#### **Standard 4: Quality of Services – Child Protection Processes**

| <b>Area for development</b>  | <b>What needs to change</b>   | <b>Success criteria</b>  | <b>How change will be achieved</b>  | <b>Timescales<br/>Start – Finish</b>           | <b>How measured or monitored and by whom</b>  |
|--|---|--|---|--|---|
| 4.1 No common assessment process between agencies in respect of new referrals and referrals from other agencies not always followed up, or consistent communication provided | <ul style="list-style-type: none"> <li>a) All agencies using agreed standard referral process</li> <li>b) Common assessment format used by all agencies.</li> </ul> | <p>100% of referrals made in standard format.</p> <p>100% of assessments using common format and approach.</p> | <ul style="list-style-type: none"> <li>a) Detailed discussions with other agencies to agree referral format to commence use in March 2004.</li> <li>b) Detailed discussions to agree assessment process and format to commence use in May 2004</li> </ul> | <p>January – March</p> <p>January – May</p>    | <p>Monthly statistical returns made by CP Chairs</p> <p><i>Head of Child Protection</i></p> <p><i>Head of Child Care Practice</i></p> |
| 4.2 Initial enquiries need to focus much more on the needs of a child as well as immediate risk  | Clear delineation in reports between need and risk.   | Increase in percentage of children not registered but receiving support  | <ul style="list-style-type: none"> <li>a) Guidelines to be provided to social workers in respect of assessing need and risk</li> <li>b) Improve monitoring systems, to show what services are being provided to those children not registered.</li> </ul> | <p>January – February</p> <p>March – April</p> | <p>Monthly statistical returns made by CP Chairs</p> <p><i>Head of Child Protection</i></p>   |

| Area for development  | What needs to change   | Success criteria   | How change will be achieved  | Timescales Start – Finish                                    | How measured or monitored and by whom   |
|---|--|--|--|--|---|
| <p>4.3 Complex needs assessments (CNA) were primarily Social Services documents, did not reflect integrated service or effective partnership working. They were generally inadequate in quality and content. None had been completed within timescales.</p> | <p>Clear understanding of what constitutes a CNA and what is an acceptable quality standard.</p> <p>Improve the integrated nature of CNA and to produce them within agreed timescales.</p> | <p>a) Improved percentage of CNAs completed in agreed timescales</p> <p>b) Consistent content and quality of CNAs across CSF</p> <p>c) Demonstrable evidence of integrated partnership working</p> | <p>a) Targets will be set for each team once baseline data is confirmed.</p> <p>b) Production of a model (best practice) CNA and provision of training/ development sessions for staff</p> <p>c) Reconsideration of format of CNA to include prompts for integrated and partnership input.</p> | <p>March – July</p> <p>January</p> <p>January – February</p> | <p>Performance management data produced by Child Protection Unit.</p> <p>Random sample of cases per month.</p> <p><i>Head of Child Protection</i></p> |
| <p>4.4 Child Protection plans unfocused, failed to set objectives and outcome measures</p>  | <p>Improvement in the formulation of plans</p>   | <p>Evidence of objectives, tasks and expected outcomes in all CP Plans</p>   | <p>a) Refresher training and development</p> <p>b) Supervision of practice</p>   | <p>January – March</p> <p>January onwards</p>                | <p>Random sample of cases per month.</p> <p>Quarterly report from Child Protection Unit<br/><i>POs</i></p>  |

| Area for development   | What needs to change  | Success criteria  | How change will be achieved  | Timescales<br>Start – Finish                                       | How measured or monitored and by whom   |
|--|---|---|--|--|---|
| <p>4.5 The operation of core groups was variable. Appeared to have no agreed format. Ineffective in meeting needs.</p>   | <p>Having a consistent structure and format for core groups which can effectively address elements of the CP Plan and the child's development needs.</p>              | <p>Evidence of terms of reference for core group meetings, including the need to both assess children's development needs and to put clear plans in place for the child.</p>  | <p>a) Sub-group of PAT will produce relevant material<br/>b) Training and development sessions offered to staff, attendance will be monitored.</p>   | <p>January – February<br/><br/>February – April</p>                | <p>Supervision sessions (Team Managers)<br/><br/>Quarterly Report from Child Protection Unit<br/><br/><i>Head of Child Protection</i></p>   |
| <p>4.6 Child Protection Conference minutes were overly descriptive. Reviews paid little attention to assessment of need or risk, did not address previous recommendations and did not challenge poor practice.</p> | <p>a) Improved analysis of issues and risks in Child Protection Conference minutes<br/>b) CP Reviews address previous recommendations and challenge poor practice</p> | <p>a) Having comprehensive action focused minutes which assess need and risk<br/>b) Evidence that previous decisions have been followed through and recorded in timescale<br/>c) Evidence that poor practice had been highlighted and dealt with.</p> | <p>a) Sub-group of PAT to produce best practice examples.<br/>b) Training and development sessions offered to staff Attendance will be monitored.<br/>c) Additional training and development for managers. Attendance will be monitored.</p> | <p>January – March<br/><br/>March – April<br/><br/>April – May</p> | <p>Sample 20% of Conference minutes each month – <i>Head of Child Protection</i><br/><br/>Sample 20% of CP Review minutes and action plans each month.<br/><br/><i>Head of Child Protection and Head of Child Care Practice.</i><br/><br/>Quarterly report from Child Protection Unit.<br/><br/>Feedback to line managers</p> |

### Standard 5: Conduct of Serious Case Reviews

| Area for development   | What needs to change                                    | Success criteria  | How change will be achieved  | Timescales Start – Finish | How measured or monitored and by whom  |
|--|---|---|--|---------------------------|--|
| 5.1 Serious Case Reviews (SCR) not completed within timescales | SCRs need to be concluded within the agreed timescales. | Evidence that Serious Case Reviews are completed on time. | Letter to staff outlining CSF requirement to complete these on time. | January onwards           | Monthly performance management returns.<br><br><i>Head of Child Protection</i> |

### Standard 6: Fair Access

| Area for development  | What needs to change  | Success criteria   | How change will be achieved   | Timescales Start – Finish  | How measured or monitored and by whom   |
|---|---|--|---|----------------------------|---|
| 6.1 Not all conference venues were suitable to support the involvement of family members                              | Only venues which meet agreed criteria should be used for CP Conferences  | Evidence that only venues which meet best practice standards are used. | Best practice note to be produced by sub-group of PAT so that venues can be benchmarked.<br><br>Benchmark exercises undertaken and completed. | March – June<br><br>August | Customer feedback returns<br><br><i>Quality Unit</i>  |
| 6.2 The late presentation of reports to CP Conferences and Reviews was not conducive to effective partnership working | Agreements to be made about the minimum length of time prior to CP Conferences that reports are made available to parents | 100% of reports are provided within agreed timescales.                 | Best practice note to be produced by sub-group of PAT to be sent to all staff which will state minimum requirements.                          | April onwards              | Quarterly report by Head of Child Protection/Principal Officers to CSF Board<br><br><i>Head of Child Protection</i> |

| <b>Area for development</b>   | <b>What needs to change</b>  | <b>Success criteria</b>   | <b>How change will be achieved</b>   | <b>Timescales Start – Finish</b> | <b>How measured or monitored and by whom</b>                                       |
|---|--|---|--|----------------------------------|--|
| 6.3 Files did not record that families were informed in writing of decisions made. Those that were, were not communicated in clear and understandable language. | Families always informed in writing about decisions made.<br><br>Information to families in clear & understandable language. | Evidence on file that families have been sent a letter in appropriate language, detailing the decisions made by the Conference. | Check procedures manual and reinforce with best practice note to all staff | April onwards                    | Sample 20% of CP Conferences each month.<br><br><i>Head of Child Care Practice</i> |

**Standard 8: Management and Resources**

| <b>Area for development</b>                        | <b>What needs to change</b>  | <b>Success criteria</b>  | <b>How change will be achieved</b>                        | <b>Timescales Start – Finish</b> | <b>How measured or monitored and by whom</b>   |
|--|--|--|---|----------------------------------|--|
| 8.1 Quality of supervision reported to be variable | Regular supervision provided to staff in line with PM&D requirements and of a consistent quality | Supervision and PM&D occur in line with PM&D requirements, is recorded and identifies clear actions and outcomes | Refresher training to be provided to front-line managers. | June and December                | Survey of Team Managers and staff focusing on PM&D outcomes in relation to child protection every 6 months.<br><br><i>Human Resources to lead.</i> |

| Area for development  | What needs to change   | Success criteria  | How change will be achieved  | Timescales Start – Finish | How measured or monitored and by whom   |
|---|--|---|--|---------------------------|---|
| 8.2 The definition of an unallocated case was unclear. Some cases were allocated to unqualified social workers. | There must be in place a clear and unequivocal definition about what constitutes both an allocated and unallocated case. Cases must be allocated to a qualified social worker. | Evidence that cases are being allocated according to the criteria through the provision of accurate statistics. | Definition drafted, checked with SSI, endorsed by PAT and then sent to all staff personally.<br><br>The weekly return altered to reflect the definition. | January                   | a) Weekly returns from Quadrant Managers<br>b) Sample Oracle entries for social worker name, qualifications, accuracy and integrity of the information provided<br>c) Evidence in annual audit of best practice standards |
| 8.3 Quality of recording on case files was variable   | Staff to devote time to the basics of case recording and file management to a quality standard.  | a) Better and more effective time management<br>b) Workload management system revised and linked to Oracle      | Best practice model will be produced by Sub-group of PAT and sent to staff .<br>Workload Management System will be further developed.                    | May                       | a) Sample files for organisation and completeness by <i>Quadrant/Group Managers</i><br>b) Monitor implementation of workload management system every 6 months<br><br><i>Group Managers</i>                                |

**TIMESCALES FOR ACTION – 2004**

| <b>Standard/Area for Development</b> | <b><u>Jan</u></b> | <b><u>Feb</u></b> | <b><u>Mar</u></b> | <b><u>Apr</u></b> | <b><u>May</u></b> | <b><u>Jun</u></b> | <b><u>July</u></b> | <b><u>Aug</u></b> | <b><u>Sep</u></b> | <b><u>Oct</u></b> | <b><u>Nov</u></b> | <b><u>Dec</u></b> |
|--------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 2.1                                  |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 2.2                                  |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 2,3                                  |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 2.4                                  |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 2.5                                  |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.1 (a)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.1 (b)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.2 (a)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.2 (b)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.3 (a)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.3 (b)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.3 (c)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.4 (a)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.4 (b)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.5 (a)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.5 (b)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.6 (a)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.6 (b)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 4.6 (c)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 5.1                                  |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 6.1 (a)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 6.1 (b)                              |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 6.2                                  |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 6.3                                  |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 8.1                                  |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 8.2                                  |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |
| 8.3                                  |                   |                   |                   |                   |                   |                   |                    |                   |                   |                   |                   |                   |

**POTENTIAL TRAINING/DEVELOPMENT INPUTS FOR STAFF**

**PO's (CP Unit)**

- registration criteria
- best practice in CP Conferences (initial and review)
- decision making
- the challenge function – CP plans (progress/outcomes)
- risk assessment/risk management
- complex needs assessments – best practice

**Social Workers**

- risk assessment/risk management
- compiling and following through CP plans
- best practice in CP conferences
- best practice working with parents and young people
- cultural or ethnically sensitive practice
- outcomes for children through care planning
- understanding how to deliver a complex needs assessment

**Team Managers**

- the importance of supervision
- quality assuring practice
- best practice – how to recognise it, how to achieve it, how to mentor/coach staff to deliver it
- core competencies in child protection work
- managing risk

**Group Managers**

- systems and processes to ensure effective management
- the quality assurance function around child protection services
- case allocation
- workload assessment/management
- core competencies in child protection work
- managing risk

**Quadrant Managers**

- the management task around child protection services
- core competencies in child protection work
- managing risk