

Issues being addressed in the Improvement Plan Dec 16 that were identified by Ofsted to require further work

<u>Improvement Plan July 16 – Dec16</u>	<u>Ofsted found Nov-Dec 16</u>	<u>Ofsted Recommendations</u>	<u>Progress of change Nov16 – Feb 17</u>
<p><u>First Response (FR) Review of processes</u></p> <p>Resulted in Strengthening of Safeguarding processes to ensure compliance with Working Together to Safeguard Children 2015. Strengthened strategy discussion/Section 47 investigations. Processes to audit work in place. Had began work on quality of Single Assessment and setting quality standards.</p>	<ul style="list-style-type: none"> • Safeguarding and Out of Hours Service identified to be strong • Contact / referral – delay in response and not all work recorded appropriately or in a timely way. • Management oversight needs to be stronger • Caseloads too high. Impact of a large number of newly qualified Social Workers being appointed to the Service Sept/October 2016. 	<p align="center">1</p> <p align="center">2</p> <p align="center">4</p>	<ul style="list-style-type: none"> • Reviewing processes from contact, triage, referral (Nov/Dec) • Management plan in place to address all areas of work (Nov16) • Additional SM capacity in place (Nov 16) • Additional SW capacity in place from Nov and ongoing. • Review of resources required going forward (commenced Feb17)
<p><u>Established performance management reports</u></p> <ul style="list-style-type: none"> • Management systems to manage / monitor service delivery in place • Monthly performance meeting established to provide drive and challenge • Improving how managers use Performance Information data to measure progress and performance. 	<p>Some progress but need to continue work in this area and particular issues in First Response about the accuracy of the data reports</p>	<p align="center">1</p>	<p>Performance Management Consultant now in post (interim). Developing more detailed report. Work on FR has been the priority and better reporting programmes in place from the end of Feb 2017.</p>

<p><u>Supervision</u> policy reviewed and managers engaged in the process</p> <ul style="list-style-type: none"> 1st Nov 16 established monthly reporting – (audit) for supervision to SMT every month. 	<p>Some good examples of compliance in frequency and quality but not consistent</p>	<p>2</p>	<ul style="list-style-type: none"> Monthly reporting in place. Overview report to SMT and Performance meeting SM reviewing paperwork to make sure it supports the process (March 17) SM have to show in Service Delivery Plan how they will drive this forward (March 17) SMT exploring L&D requirements (March 17)
<p><u>Caseloads</u> – monthly reporting re numbers of open cases. Increased social worker capacity put in place in some areas (First Response and Child Protection). Reviewing what needs to be in place longer term to ensure reasonable caseloads.</p>	<p>Caseloads too high in some areas eg FR, Care Leavers (PA) and for some individual workers in other areas</p> <p>Ofsted acknowledged the work ongoing but as caseloads too high in some areas they noted the impact on quality of service delivery</p>	<p>3</p>	<ul style="list-style-type: none"> Increased social worker capacity via agency. This is proving to be challenging due to shortage of good quality available agency staff. Reviewing service requirements across the whole service (commenced Feb 17) Impact of addressing the work flow in FR has resulted in large number of cases going to other teams. Need to increase social worker capacity in the short term whilst we determine if this is a short term problem or if it requires permanent increased resources (ongoing Dec 16)

<p><u>Update SW assessments</u> – on every child</p> <ul style="list-style-type: none"> • Developed paperwork to update assessment for CiC • Assessment standards developed and distributed in November 16 for all who complete Single Assessments 	<ul style="list-style-type: none"> • Inconsistent practice. Some assessments are detailed and assess risk and are outcome focused. Others lack depth and are too superficial • Need to develop strong risk assessment and more outcome focused plans 	6	<ul style="list-style-type: none"> • Developing workshop / guide in SMART planning for all staff (March 17) • Improving managerial oversight (immediate action Dec 16) • Quality Assurance role is supporting development in quality practice (Nov 16) • Practice Standards (complete March17) • Quality assurance and improved framework (Completed by March17)
<p><u>Use of Chronologies</u></p> <p>Practice guide (Principle Social Worker) completed Spring 2016</p> <p>Sessions with Staff held by PSW Spring 2016</p>	<p>Chronologies in place but not used consistently to record the child's experiences / significant events</p> <p>Some good examples but not consistent</p>	6	<ul style="list-style-type: none"> • Practice Standards (March 17)
<p><u>Permanence planning</u> for all children in care to be stronger</p> <ul style="list-style-type: none"> • Strong if plan is return to family or adoption. Focus began on Review of Section 20 and long term care • Permanence Panel established (March 16). Began work on tracking, pre proceedings and long term FP 	<p>Permanence Panel established and making progress but too early to report longer term impact</p> <ul style="list-style-type: none"> • Strength when return home or adoption but requires improvement for long term care cases. Some evidence of drift in planning for children in long term FP 	7	<ul style="list-style-type: none"> • Permanence Panel driving forward this area of work • Audit / QA framework (March 17) • Practice Summit to drive the understanding of permanence (April 17)

<p><u>Health assessments of CiC</u> Timescales for completion need to improve. Improvements being made (Performance data).</p> <p>Decision making panels (Placement and Additional Resources) and complex cases (integrated with CSC, education and health) established March 16.</p> <p>Improve consistency of SDQ – to understand individual needs and to identify and/or service development eg CAMHS</p>	<ul style="list-style-type: none"> • Therapeutic needs of some children / young people are met but others do not receive timely services • Need to ensure a consistency of approach of work with CAMHS 	8	<ul style="list-style-type: none"> • Reviewed processes and clear decision making route re therapeutic input
<p><u>Missing From Home interviews</u> – reviewed process and reporting to SMT training delivered.</p> <ul style="list-style-type: none"> • Saw increased completion (Performance Report). • Identified the further work required for CiC. October agreed resource in Listening and Support service to do all interview Training completed and all picked up from Dec16. Close monitoring by SMT (weekly report to AD) and identified the need to look at quality, themes and input • Monthly report to Lead Member. 	<ul style="list-style-type: none"> • MFH interviews for children at home are “Good” • MFH interviews for CiC need to be more robust. Endorsed the progress of the work in place but too soon to report impact. • CSE Hub and response to CSE across the Service seem to be very strong. 	9	<p>New process in place and working (Dec 16). 90% RI completed (80% in time)</p> <ul style="list-style-type: none"> • Reviewed process of reporting with police. Delay in the police logging the MFH which impacts on RI interviews addressed • Work on themes, impact in development. New CSE Hub and resources in place

<p><u>Children With Disabilities under-represented in CP figures</u></p> <ul style="list-style-type: none"> • Practice summit held in 2016 • Audit of position completed • Task and Finish group established to report to LSCB (October 2016) 	<p>Some evidence of robust / holistic assessments but not consistent</p> <p>Review of CIN plans don't always reflect an up to date assessment, informed by a voice of child and undertaken by a qualified and registered SW.</p>	<p>10</p>	<p>Systems being reviewed and resource implications considered (April 17)</p>
<p><u>SMART plans that are outcome / focused need to be in place</u></p> <ul style="list-style-type: none"> • Finding from audit • Reporting cases have plan in place • QA audit developing learning workshop on SMART planning 	<ul style="list-style-type: none"> • Plans are on all open cases • Plans not always outcome focused/ SMART. Some good examples but not consistent • Parents / carer not always clear what they must do to improve things • Post adoption support / SGO support needs to be more robust • Support plans for children going home / edge of care don't always address long term sustainability 	<p>10</p> <p>11</p> <p>14</p>	<ul style="list-style-type: none"> • Develop workshop (March 17) • Practice standards (March 17) • Policy re post adoption support revised (Feb 17) • Task and Finish group SGO established to drive work in this area (Jan 17)
<p><u>Management oversight</u></p> <ul style="list-style-type: none"> • Consistency across all service areas • Points in process/systems when a manager must sign/record oversight • Linked to supervision 	<ul style="list-style-type: none"> • Some good examples but inconsistent. • Lack of challenge / oversight 	<p>12</p>	<ul style="list-style-type: none"> • Increase management capacity in FR (Dec 16) • Work with managers re standards and expectations (immediate action) • Work with L&D at Management Leadership development (April 17)

<u>New emerging issues as part of the Ofsted Inspection</u>	<u>Ofsted found Nov-Dec</u>	<u>Ofsted recommendations</u>	<u>Progress of change Dec16 – Feb17</u>
<u>Private Fostering</u>	<ul style="list-style-type: none"> • Not clear who is responsible for this area • Limited numbers of known children/young people • Private fostering Annual report to LSCB not completed for 2016 	13	<ul style="list-style-type: none"> • Policy/strategy being revised (March 17) • Annual report completed (Feb 17) • Review how best to support this group of children/young people in future (April 17) • Campaign to publicise responsibility / reporting (April 17)
<u>Thresholds</u>	Thresholds not consistently understood at all stages across the service	5	<ul style="list-style-type: none"> • Increases manager capacity in First Response to improve robustness of oversight (Dec 16) • Work with all Managers to ensure stronger oversight (Dec 16) • Performance management reports/meetings to be used to monitor performance (Feb 17) • Audit progress– Jan-Mar concentrating on First Response and Children with Disabilities. Learn, from these audits to inform practice.
Pathway plans for care leavers.	<ul style="list-style-type: none"> • Quality inconsistent 	12	<ul style="list-style-type: none"> • Included in Practice

	<ul style="list-style-type: none"> • Advice and support including entitlement and health business needs to be offered to all • Management oversight 		<p>standard (March 17)</p> <ul style="list-style-type: none"> • Reviewing capacity of PA's needed to improve (April 17)
NEET – Strategic and Education, Employment and Training (Not in Education, Employment or Training)	<ul style="list-style-type: none"> • Higher number of care leavers need to be EET • Strategy needs to reflect offer to vulnerable groups eg care leavers 	15	<ul style="list-style-type: none"> • NEET strategy being reviewed to strengthen offer to care leavers (March 17) • Reviewing Prospect control to ensure above (April 17)
<p><u>Homeless 16 + 17</u> – LA had reviewed all cases and provided management oversight and follow up</p> <p>Audit cycle in place</p>	Some delays when decision to move to Section 20 made in getting this in place	16	<ul style="list-style-type: none"> • Clear guidance / expectations (Nov 17) • Audit cycle already in place (Nov 17) • Performance to be reported to SMT on a quarterly basis (Jan 17)
Accreditation / progression for ASYE (Assessed and Supported Year in Employment), Senior Practitioner and Team Manager	Support for ASYE, SP and TM not in place. Lack of consistency and training.	17	<ul style="list-style-type: none"> • Reviewing AsYE programme and support to ASYE's had already began. (Nov 17) • Re-established SW meeting across CSC and L&D to look at SW reform (Dec 17), accreditation and progression • Discussion at Director and AD level with L&D (Feb 17)

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