



**CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY  
COMMITTEE – 5 NOVEMBER 2019**

**PROGRESS REPORT: OFSTED RECOMMENDATIONS AS PART OF  
THE OFSTED CONTINUOUS IMPROVEMENT ACTION PLAN 2017 -  
2020 - THE ROAD TO EXCELLENCE**

**REPORT OF THE DIRECTOR OF CHILDREN AND FAMILY  
SERVICES**

**Purpose of report**

1. The purpose of this report is to inform the Committee of progress made against the Ofsted Continuous Improvement Action Plan (OCIAP) in responding to the Single Inspection of Children's Social Care in November 2016.

**Policy Framework and Previous Decisions**

2. The Children and Families Overview and Scrutiny Committee has previously received a copy of the Ofsted Continuous Improvement Action Plan, developed following the Ofsted inspection. A progress report was presented at its meeting on 4<sup>th</sup> June 2019.
3. At that time, the Committee welcomed the success of the recruitment and retention of permanent staff but recognised that further work was required to improve the situation further. The Committee agreed that it would continue to monitor progress by receiving regular updates on recruitment and retention. Most recently an update was provided in September 2019.
4. The Committee recognised the progress that had been achieved in that 15 of the 17 actions had been rated green and that two remained amber with further work to be undertaken.
5. The underpinning action plan has been used to summarise the evidence made against the Ofsted recommendations and is attached as Appendix A to the report. This appendix is focused on the amber rated actions which, from previous feedback, have been identified as the key areas for oversight by this Committee.

**Background**

6. The report is based on work undertaken through “The Road to Excellence”, which is Children’s Social Care’s (CSC) Continuous Improvement Action Plan for 2017 to 2020.
7. The OCIAP addresses the Ofsted findings by providing a strategic vision for improvement that is founded on four aims:
  - i. Being a Learning Organisation
  - ii. Embedding Excellent Practice
  - iii. Taking the Right Action at the Right Time
  - iv. Developing Policy and Performance
8. The action plan at Appendix A uses a RAG rating to indicate progress. Green is showing good progress and moving towards completion, amber is on track to deliver in a longer agreed timescale and red signifies areas requiring further focused work. The ratings provide a judgement of what evidence exists to demonstrate the departmental response to a recommendation. This evidence is largely taken from performance, business intelligence data and findings from quality assurance audits that are used together to monitor the progress of the OCIAP alongside staff input.
9. The recommendations vary in scale and scope and therefore some areas, especially those that started at a lower baseline, require longer timescales to produce demonstrable evidence of improvement. This was the reason for a four-year plan to drive improvement. Progress is monitored via a weekly senior manager meeting and a monthly meeting of senior and middle managers that is chaired by the Assistant Director (Children’s Social Care).
10. The summary of ratings as of 16 September 2019 was:
  - 15 recommendations are rated Green
  - 2 recommendations are rated Amber. Work to progress these recommendations is detailed later in the report.
  - 0 recommendations are rated Red
11. On 9 September 2019, Ofsted notified the Department that they would be undertaking a full inspection of the Department under the Inspection of Local Authority Children’s Services (ILACS). The inspection concluded on 4 October 2019 and the final report will be published on 4 November 2019.
12. The progress against the OCIAP at the time of the Ofsted ILACS inspection was presented to Ofsted as part of the Self Evaluation Framework with supporting evidence.

**Summary of Continuous Improvement Plan recommendations judged to be Amber**

13. Two of the actions remain an amber RAG rating.

- Recommendation 2; Ensure that management oversight of practice fully complies with supervision policy requirements and supports effective case progression and case decision making.
  - Recommendation 6; Ensure consistency in social work assessment, so that they are sufficiently in depth, are informed by good-quality chronologies, reflect the needs and identities of individual children, are updated regularly to take account of children's needs and circumstances and lead to outcome focuses plans.
14. Full detail of the work being undertaken on the amber areas is contained in Appendix A but is summarised as follows:
- Key activity led by Practice Excellence Team to further develop work to embed the supervision policy (launched January 2019) and enhance the consistency in meeting standards for supervision requirements. This aims to assure that supervisions are consistently reflective and of good quality.
  - Dip sample audits of supervision records by manager and worker to consider the frequency, quality and recording of supervision to inform further improvement work. Currently, SMT receive monthly management reports on frequency of supervisions by worker. Further work is undergoing to deliver reports to identify the sessions on a child basis.
  - Work to evaluate the completion and impact of the first improvement campaign – which was focused on Assessment. This includes further dip sampling of assessments across a range of interventions to judge impact, evaluation of the toolkit and how services have responded. This learning will inform the delivery of the next campaign focused on planning from November 2019. Performance data demonstrates the impact of timeliness of assessment.
  - Further refinement of the case audit process completed in September to focus on impact across the range of interventions from referral to planning and manager oversight to better measure the quality of work, including compliance with key practice standards and making a difference for children. A thematic audit is due to take place in November 2019.
  - Work to develop the Signs of Safety approach within core documents and processes within Mosaic

### **Consultations**

15. The Road to Excellence is a departmental continuous improvement plan so has naturally included a wide range of Children and Family Services staff in its development. Engagement with partner agencies has primarily been through the Local Safeguarding Children Board where partners have fed in their views of the Plan.

**Resource Implications**

16. Resource implications of responding to the Ofsted inspection have already been agreed through the growth bid.

**Conclusion**

17. The progress made against the Ofsted Continuous Improvement Action Plan is presented to the Committee. The Department is confident that the remaining amber actions will be completed in the timescales set out in the Road to Excellence.

**Background Papers**

The Ofsted report: Leicestershire Inspection of services for children in need of help and protection, children looked after and care leavers. November to December 2016  
<http://ow.ly/16uB30gfp7d>

The Road to Excellence (Plan on a Page)

<http://politics.leics.gov.uk/documents/s131465/Ofsted%20funding%20Appx%20A%20-%20Plan%20on%20a%20Page%20CIP.pdf>

**Circulation under the Local Issues Alert Procedure**

None

**Equality and Human Rights Implications**

18. Responding to the findings of the Ofsted inspection will improve services for all groups of children and families.

**List of Appendices**

Appendix A – Progress against the Ofsted recommendations as part of the Ofsted Continuous Improvement Action Plan 2017-2020 – The Road to Excellence (AMBER)

**Officer(s) to Contact**

Jane Moore, Director Children and Family Services

Tel: 0116 3057441 Email: [Jane.Moore@leics.gov.uk](mailto:Jane.Moore@leics.gov.uk)

Sharon Cooke, Assistant Director Children's Social Care

Tel: 0116 30 3055479 Email: [Sharon.Cooke@leics.gov.uk](mailto:Sharon.Cooke@leics.gov.uk)

Progress against Ofsted recommendations as part of the continuous improvement action plan 2017-2020- The Road to Excellence.
**Overview and Scrutiny Committee November 2018**

Ref.	Ofsted Recommendation	Progress RAG	Targets	Outturn Performance 2018/19 *not in position yet to update all	Performance Q4 18/19 or by month	Target March 19	Target March 2020	Evidence of Completion or Evidence of Progress by September 2019	Further Actions in progress	Lead Officer for further actions
2.	Ensure that management oversight of practice fully complies with supervision policy requirements and supports effective case progression and decision-making.	<b>A</b>	<p>Case decision processes consistently demonstrates robust management oversight. Evidence of good clear plans for children.</p> <p><b>Measure</b></p> <p>Weekly and monthly performance reports show good performance in timeliness of supervisions by individual worker.</p> <p>Outcome of case file audits are graded good or outstanding for management decision and oversight.</p>	<p>2018 - 75% meeting standard (10 out of 12 SV in year)</p> <p>N/A</p>	<p>90.1% monthly (July 2019)</p> <p>54% - impact Audit Sept 2019</p>	100%	100%	<p>The frequency of supervision has been monitored monthly and during 2018 supervision compliance has been within acceptable tolerances with manager's chasing up individual outliers.</p> <p>Refreshed Supervision policy has been launched January 2019.</p> <p>Learning programme for Senior Practitioners and Team Managers to develop supervisory skills and competence has been delivered by Research in Practice in December 2018.</p> <p>Fidelity to SoS have targeted workshops on key elements of SoS, the team provide case consultations and support the running of PODs, with a focus on First Response.</p> <p>Key Decision Discussions implemented and embedded across localities to improve management oversight of complex cases.</p> <p>Aspiring Managers Programme launched January 2019</p> <p>Management oversight remains a key part of all auditing activity</p> <p>Child Sexual Abuse in Family Environment and Moderation Learning audit findings there is strong management oversight of cases with timely decision making and oversight of key documents. However, the quality of supervision records has been inconsistent. Supervision records have not always been reflective and analytical or limited evidence of professional challenge where necessary. For the management oversight section 67% of cases were graded meets good or above.</p> <p>Leadership &amp; Management questions in annual health check 2018 (PET Team)</p> <p>Ofsted focused visit feedback managers in FRCD 'know the service well and staff understand the journey and ambition for children'.</p>	<p>Reviewed and refreshed model for case auditing agreed and launched based on 'what good looks like', measuring against practice standards in May 2019 and further refined in September 2019 to look at impact of practice including impact of manager oversight on the quality of provision to children with balance of compliance and quality standards embedded.</p> <p>During November 2019 we will have developed a methodology for evaluating the impact of the supervision policy and the extent to which the quality of supervision is reflective. A dip sample of supervision was completed in October 2019 and learning from this will inform further improvement work focused on the supervision policy, compliance and impact in Q3 and Q4 19/20.</p> <p>Dip sample audits of supervision records by manager and worker to consider the frequency, quality and recording of supervision to inform further improvement work. Learning from completed audit to be evaluated in October 2019.</p> <p>Development of managerial report that will provide the detail of individual child discussed in supervision rather than supervision by worker alone.</p>	<p>Head of Service Safeguarding and Performance – Kay Fletcher</p> <p>Head of Service Practice Excellence – Anita Gurry</p> <p>Head of Service Safeguarding and Performance – Kay Fletcher</p>

6.	Ensure consistency in social work assessments, so that they are sufficiently in depth, are informed by good-quality chronologies, reflect the needs and identities of individual children, are updated regularly to take account of children's changing needs and circumstances and lead to outcome-focused plans.	<b>A</b>	<p>Performance reports evidence consistent use of:</p> <ul style="list-style-type: none"> <li>• chronologies,</li> <li>• assessment,</li> <li>• outcomes focused plans</li> </ul> <p><b>Measure</b> Quality audit demonstrates that all cases have an up-to-date chronology, assessment and outcome-focused plan.</p> <p>Chronology</p> <p>Good quality plans</p> <p>Single Assessment Framework are completed in a timely way and are of a good standard</p>	66.3%	86.4% -Sept 19	85%	85%	<p>EIP2 funding for SOS awarded to LCC in Sept 2017 and since that time real focus on role out and implementation of SOS.</p> <p>A recent audit (September 19) in First Response demonstrated that progress is being made in the number of cases having assessments graded good overall.</p> <p>Chronologies and quality of plans audited as part of the themed audits running from May to November. The impact of chronologies has been seen in relation to the uplift of care plans and subsequent decision making</p> <p>Social Work Conference took place in July 2019 with a focus on improving practice; getting it right for children and a review of components of good practice</p> <p>Implementation of SOS forms in mosaic are progressing with aim to complete by the end of 2019.</p> <p>Learning sets in Manager's meetings focus on SOS to support implementation of new forms between April – end of 2019</p> <p>Campaign style approach to practice improvement launched with first theme around assessments (Mar19) and planning management oversight / voice will be launched in November 2019</p>	<p>SOS in Mosaic has been purchased and forms will be reviewed from April 2019 aiming to complete for implementation by end of 2019.</p> <p>Undertake quality assurance to ensure that the Practice standards are supporting improved quality of assessments across the service by refinement of the case audit process.</p> <p>Work to improve the depth of practice is ongoing and will be supported by Practice Excellence Team</p> <p>Over the next 3 – 6 months a focus on quality of assessment, planning ahead with management oversight will be driven by the Senior Leadership Team.</p> <p>Work to evaluate the completion and impact of the first improvement campaign – which was focused on Assessment. This includes further dip sample of assessments across a range of interventions to judge impact, Evaluation of the toolkit and how services have responded. This learning will inform the delivery of the next campaign focused on planning management oversight and voice from November 2019.</p> <p>Review and refresh social work learning offer to ensure new areas are incorporated e.g. motivational interviewing, understanding parents with personality disorder</p> <p>Work is ongoing through the Data KLoE meeting and team action plans (FRCD) to improve timeliness of assessments.</p>	<p>Head of Service Practice Excellence – Moira O'Hagan</p> <p>Head of Service Fieldwork – Gareth Dakin</p> <p>Head of Service Fostering and Adoption / Children in Care – Nicci Collins</p> <p>Head of Service Disabled Children Service – Tom Common</p> <p>Head of Service Practice Excellence – Moira O'Hagan</p>
----	--	----------	---	-------	----------------	-----	-----	---	---	--