

**Draft Action Plan for Ofsted Recommendations 2019**

Ref.	Ofsted Recommendation	Progress RAG	Targets	Outturn Performance 2018/19	Performance Q2 19/20 or by month	Target March 2020	Target March 2021	Evidence of Completion or Evidence of Progress by September 2018	Further Actions in progress	Lead Officer for further actions
2019 1.	The timeliness of assessment and help for children who are not identified as being at immediate risk of significant harm but who live with the impact of cumulative risk and harm	<b>A</b>	<p>Where children are not at risk of immediate harm they receive a timely response and do not experience delay in receiving help.</p> <p><b>Measures</b></p> <p>Timeliness of assessments to be consistently good across all teams / areas. % completed within 45 working days</p> <p>Children seen within 5 days from referral</p> <p>*proportion of assessments (between 5 – 10% will be for children unborn therefore not be seen.</p>	<p><b>2018/19</b> 66.3%</p> <p><b>March 2019 –</b> 25.4%</p>	<p><b>October 2019</b> 90.1% avg. Teams range from 52.9% to 92.4%</p> <p><b>October 2019</b> 35.4%</p>	<p>At least 85% all teams</p> <p>80%*</p>	<p>At least 95% all teams</p> <p>90%*</p>	<p>Reviewed focus in 2019 via management oversight and data KLoE meetings have shown improvement in timeliness of single assessments. Since February 2019 steady improvements have been made and 90.1% of assessments were completed in time in October 2019</p> <p>Revised threshold document has been launched in Q1 2019 giving all partners and the local authority a clearer, more consistent understanding of their responsibilities to support and protect children and how to make timely and good quality referrals for targeted and specialist services.</p> <p>Tableau report on child seen now developed to assist managers to monitor first visit to child.</p>	<p>Majority of assessments are completed in First Response, and most of those assessments are completed in time (Oct19 92.4%). However, assessments completed outside of First Response require improvement to be as timely. This is being monitored by managers via monthly performance meetings chaired by AD</p> <p>Review steps / process at the front door through to early help triage and allocation as Ofsted identified these are “unnecessarily difficult”</p> <p>Actions have been identified via Monthly performance update meetings with TMs as there are some data quality issues in recording child seen date e.g. no date entered, or wrong date entered.</p> <p>Transfer document to be reviewed and published by Jan 2020.</p>	Head of Service Fieldwork

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2019 2.	The timeliness of work to secure positive change for children during the pre-proceedings stage of the Public Law Outline	A	<p>Children and families are supported to remain at home where this is not possible decisions regarding legal permanency are made in a timely way with records that capture decisions that reflect the child's journey</p> <p><b>Measures</b></p> <p>Pre-proceedings process do not exceed 6 months and recorded evidence clear on work completed to support with step down and step up to care proceedings</p>	<p><b>Q4 2018/19</b></p> <p>Pre-proceedings average length (open) 29 wks</p>	<p><b>Q1 2019/20</b></p> <p>Pre-proceedings average length (open) 28.7</p>	20 weeks (pre-proceedings)	18-20 weeks (pre-proceedings)	<p>An appropriate plan is in place to address timeliness of proceedings which is led by a dedicated service manager &amp; Head of Service with responsibility for driving forward improvements in Public Law Outline, which include:</p> <ul style="list-style-type: none"> <li>New PLO tracker is being trialled to enable better gathering of information and management oversight of cases.</li> <li>Review meetings with colleagues in legal services takes place chaired by AD</li> <li>CDM meeting and agenda includes review of PLO tracker with Service Managers. Tighter timescales and oversight are being set in CDM which is then followed up.</li> <li>Planned audits e.g. parenting capacity assessments, specialist assessments, pre-birth assessments, cases recorded on SWET.</li> </ul>	<p>PLO action plan needs to be evidenced as driving forward improvement and this will be measured by improved timeliness for children in pre-proceedings and proceedings as well as outcomes of the QA / audit work planned within the action plan.</p> <p>Work to improve quality of recording on the tracker to be completed by December 2019</p> <p>Developments to Mosaic to enable tracking of cases via Mosaic and Tableau reporting by May 2020.</p>	<p>Service Manager Disabled Children's Service</p> <p>Head of Service Fieldwork</p>

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2019 3.	The quality and consistency of social work practice in care planning, including the quality of supervision and oversight to prevent unnecessary drift and delay for children.	A	<p>Plans are focused on achieving timely outcomes for children and young people, informed by a robust assessment of need and driven by systematic and high-quality management oversight &amp; reflective supervision</p> <p>Supervision records evidence robust management oversight and clear timescales for actions that lead to plans for children being progressed in a timely way.</p> <p><b>Measures</b></p> <p>Routine audit shows consistent application of thresholds, improved quality of assessment and care planning and strong management oversight to all stages of a child's journey.</p> <p><i>Outcomes of case file audits:</i></p> <p>Assessment</p> <p>Planning</p> <p>Management oversight</p> <p>Performance reports show good performance in frequency of supervisions.</p> <p><i>Performance show care plans are completed and updated routinely.</i></p> <p>Under 16 CiC with plan in last 6 months (%)</p> <p>16 + CiC with pathway plan in last 6 months (%)</p> <p>Reduction in timeframes for care proceedings</p> <p>Improved performance regarding timeliness of permanence decisions (see indicator 2019.5 "Children with permanence (indicator to be agreed)" &amp; Matching at second review below)</p>	<p><b>2018/19</b> all thematic audits. % grade good or above</p> <p>36%</p> <p>44%</p> <p>47%</p> <p><b>2018</b> - 75% meeting standard</p> <p><b>18/19</b> 64.9%</p> <p><b>18/19</b> 82.5%</p>	<p><b>Q2</b> Impact thematic audit % grade good or above</p> <p>73%</p> <p>82%</p> <p>55%</p> <p>77% average (Apr - Sept 19)</p> <p><b>Oct19</b> – 73.6%</p> <p><b>Oct19</b> – 73.8%</p> <p><b>Latest</b> 44.2 weeks July-Sept19 (Leicester &amp; Leics)</p>	<p>80%</p> <p>80%</p> <p>80%</p> <p>83%</p> <p>85%</p> <p>85%</p> <p>40 weeks</p>	<p>90%</p> <p>90%</p> <p>90%</p> <p>83%</p> <p>100%</p> <p>100%</p> <p>26 weeks</p>	<p>Practice standards set out expectations in relation to high quality assessment, planning, recording, and decision making.</p> <p>Assessment campaign has been successful in driving completion rates and quality.</p> <p>Planning campaign will run from November 2019 to May 2020. This will emphasise SMART planning, supervision and management oversight to ensure it is driving the progression of plans for children and young people.</p>	<p>Planning campaign started on 18<sup>th</sup> November and is focused on SMART planning, child at the centre, family networks and management drive of the plan.</p> <p>Practice leaders are identified, and activity is supported by Practice Excellence Team.</p> <p>Work planned with IROs to strengthen the oversight and quality assurance role of the IRO in order to improve oversight and challenge.</p> <p>Developments to Mosaic are planned which will enable better monitoring and performance reporting around children's permanence decisions.</p>	<p>Head of Service Children in Care, VS &amp; FAP</p> <p>Head of Service Fieldwork</p> <p>Head of Service Safeguarding and Improvement</p>

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2019 4.	The quality of case recording to enable new workers to more easily understand a child's history and circumstances.	A	<p>Records being meaningful for children and focus on the child's story</p> <p>Quality of recording is improved</p> <p>Chronologies &amp; Genograms are kept up to date</p> <p><b>Measures</b></p> <p>Reduction in number of complaints regarding recording inaccuracies</p> <p>Performance/audits demonstrates that all cases have an up to date chronology</p> <p>Audit demonstrates that all cases have a detailed, up to date genogram</p>			80%	100%	<p>Managers increased access to Tableau reports are quickly highlighting performance and data inaccuracy as reports are 'live'. Support available to rectify problems within Mosaic. Delays in recording are therefore addressed appropriately.</p> <p>Information held on children and families is more accurate and up to date. Clear improvements can be evidenced in the quality of statutory returns (July 2019). Clear improvements can be evidenced in quality of datafiles (October 2019).</p>	<p>Develop and introduce a recording policy and guidelines for staff</p> <p>Work is ongoing to ensure system and process (especially new suite of SOS style forms and group working) are aligned with practice and more efficient (e.g. avoid duplication of data entry)</p> <p>Exploring other methods of recording systems to make records more focused on the child for example 'talk to text' – support via technology etc.</p> <p>New suite of SOS style forms include a chronology step – once introduced this can therefore be monitored by tableau so managers have closer oversight of case recording.</p>	<p>Head of Service Safeguarding and Improvement</p> <p>Head of Service Practice Excellence</p> <p>Head of Service Children in Care, VS &amp; FAP</p> <p>Head of Service Fieldwork</p>
2019 5.	Planning for permanence for children whose plan is not adoption	A	<p>Children benefit from having absolute certainty about their living arrangements at the earliest opportunity. Robust management oversight and consistent challenge from IROs reduces drift and delay for children achieving permanence through long-term fostering or SGOs.</p> <p><b>Measures</b></p> <p>Permanence plan identified at second review (new measure from Sept19)</p> <p>Children with permanence (indicators to be agreed)</p> <p><i>Matching to be concluded by:</i> 2<sup>nd</sup> ROA (in identified placement) + 2 months</p> <p>2<sup>nd</sup> ROA (identified placement to be found) + 6 months</p> <p><small>*target for identifying permanence plans at second ROA is not at 100% as we are aware there may be a small minority of children where this is not agreed due to individual circumstances.</small></p>	n/a	<p><b>October 2019</b> 98%</p> <p>tbc</p>	95%*	95%*	<p>Matching permanency dip sample audit has been completed (Sept19) on children where permanency has not been agreed via the new permanency panels (but may have been agreed previously formally). The audit found that permanency had been previously agreed and recorded for most children via a variety of different methods (e.g. in ROA, in SV, in case records etc). Children where permanency had not been agreed had either recently broken down or children were not yet ready for permanence e.g. in supportive short-term placement with planned future move agreed to achieve permanence.</p> <p>In September 2019 work was undertaken on children where a permanence plan was not agreed at second review. In many cases this was a data entry / quality issue resulting in performance increasing from 85% in Sept19 to 98% in Oct19</p>	<p>Recommendations from dip sample (Sept19) include system developments to record permanency decisions have been agreed. Work underway to identify historical permanency agreed for children in care. Report awaiting to be presented at Lead Members (ALC).</p> <p>Quality assurance role of IROs to ensure challenge and robust oversight of permanency planning to prevent drift and delay.</p>	Head of Service Children in Care

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2019 6.	Monitoring the quality and appropriateness of alternative education provision for children in care.	A	<p>Sufficient oversight of the quality of education provided in non-registered alternative provision.</p> <p><b>Measures</b></p> <p>Tracking of progress of pupils in alternative provision demonstrates equal or better progress than they would receive in mainstream school.</p> <p>All providers are clear about expectations and responsibilities with the result that very few placements fail.</p>					<p>We check the progress of all children in care at each of their PEPs. Most of our alternative provision is commissioned by the secondary education inclusion partnership and therefore standards will be met but further work is required to tighten and provide oversight and assurance of the quality of provision.</p> <p>Commissioners are contacted for all children in alternative provision to verify the Quality Assurance process already undertaken and actioning where appropriate as well as requesting progress information for the child that demonstrates equal or better progress that they would receive in mainstream school.</p>	Procedures are in place and being tightened to ensure that LCC officers have oversight and assurance when we are notified of any child in care is in alternative provision.	Virtual School Head Head of Service Children in Care

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