

### Draft Action Plan for Ofsted Recommendations 2019

Ref.	Ofsted Recommendation	Progress RAG	Targets	Outturn Performance 2018/19	Performance Q3 19/20 or by month or latest	Target March 2020	Target March 2021	Evidence of Completion or Evidence of Progress - December 2019	Further Actions in progress	Lead Officer <i>(nominated key officers)</i>
2019 1.	<p>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</p> <div data-bbox="142 779 418 1104" style="border: 1px solid black; background-color: #4F7942; color: white; padding: 5px; margin-top: 10px;"> <p>Links to <b><u>Taking the right action at the right time</u></b></p> </div>	<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><b>Timeliness of assessments to be consistently good across all teams / areas. % completed within 45 working days</b></p> <p><b>Children seen within 5 days from referral</b></p>	<p><b>2018/19</b> 66.3%</p> <p><b>March 2019 –</b> 25.4%</p>	<p><b>Dec 2019</b> 88.2% avg.</p> <p><b>Dec 2019</b> 41.2% seen within 5 days 71.8% seen within 10 days</p>	<p>At least 85% all teams</p> <p>70%</p>	<p>At least 95% all teams</p> <p>90%</p>	<ul style="list-style-type: none"> <li>▪ Reviewed focus in 2019 via management oversight and data Key Lines of Enquiry (Data KLoE) meetings have shown improvement in timeliness of single assessments. Since early 2019 steady improvements have been made in the timeliness of assessments.</li> <li>▪ 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.</li> <li>▪ Tableau report on child seen now developed to assist managers to monitor first visit to child.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Majority of assessments are completed in First Response, and most of those assessments are completed in time. 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 Assistant Director</li> <li>▪ Review steps / process at the front door through to early help triage and allocation as Ofsted identified these are “unnecessarily difficult”</li> <li>▪ 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. Service Manager will ensure consistency of recording unborn as they should be marked as ‘seen’.</li> <li>▪ Work is continuing in screening team to reduce screening time as some are currently taking up to 3 days which then leaves only 2 days to visit.</li> <li>▪ Transfer document to be reviewed and published by end of January 2020.</li> <li>▪ Review of early help assessments to take place to ensure consistent early help assessment &amp; plans.</li> </ul>	<p><b>Lead - HoS</b> Chris Thomas (Early Help) Hos Gareth Dakin (Fieldwork)</p> <p><i>(Service Manager First Response, Service Managers Locality Teams, Head of Service Fieldwork, Head of Service Disability and SEND)</i></p>

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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 (PLO)  <div style="border: 1px solid black; background-color: #4F7942; color: white; padding: 5px; width: fit-content;"> Links to <b><u>Taking the right action at the right time</u></b> </div>	<b>A</b>	Children and families are supported to remain at home but 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  <u>Measures</u>  <b>Pre-proceedings process does not exceed 6 months and recorded evidence clear on work completed to support with step down and step up to care proceedings</b>  <u>Measures to be developed</u> Improvement in timeliness of agreed permanence plan for children who have been subject to pre-proceedings.  <b>Reduction in court time for proceedings</b>  <b>Reduction in number of family member applications/coming forward to court later in proceedings.</b>  <b>Reduction in time for legal to appoint solicitor.</b>	<b>Q4 2018/19</b> Pre-proceedings average length (open) 29 wks  not yet measured	<b>Q3 2019/20</b> Pre-proceedings average length (open) 31 weeks  not yet measured	20* weeks (pre-proceedings)	18-20* weeks (pre-proceedings)	TBC^  TBC^	<ul style="list-style-type: none"> <li>▪ An appropriate Public Law Order action 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: <ul style="list-style-type: none"> <li>○ Revised Public Law Outline tracker is being trialled to enable better gathering of information and management oversight of cases.</li> <li>○ Review meetings of the plan with colleagues in legal services take place on a monthly basis chaired by Assistant Director</li> <li>○ Children's Decision Making meeting and agenda includes review of Public Law Outline tracker with Service Managers. Tighter timescales and oversight are being set in Children's Decision Making meetings which is then followed up.</li> <li>○ Planned audits e.g. parenting capacity assessments, specialist assessments, pre-birth assessments, cases recorded on Social Work Evidence Template (SWET)</li> </ul> </li> <li>▪ Work to improve quality of recording on the tracker has been completed in December 2019</li> </ul>	<ul style="list-style-type: none"> <li>▪ Public Law Outline 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.</li> <li>▪ Developments to Mosaic to enable tracking of cases via Mosaic and Tableau reporting by May 2020. <b>This is being prioritised.</b></li> </ul>	<b>Lead - HoS</b> Fieldwork Gareth Dakin  <i>(Service Manager Disability and SEND, Legal Services Manager, Practice Excellence Team rep, Assistant Service Manager Fostering &amp; Adoption, Agency Decision Maker)</i>

\*Figures include 10 days from Children Decision Making Meeting to issue letter of proceedings out and meet with family to agree actions to take, followed by 4 month period of work.

^baseline needs to be measured to agree targets for 2020 and 2021

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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.  <div style="border: 1px solid black; padding: 5px; width: fit-content;">Links to <b>Embedding Excellent Practice</b></div>	<b>A</b>	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 & reflective supervision  Supervision records evidence robust management oversight and clear timescales for actions that lead to plans for children being progressed in a timely way.  <b>Measures</b> <i>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.</i>  <b>Assessment</b> <b>Planning</b> <b>Management oversight</b>  <b>Performance reports show good performance in frequency of supervisions.</b>  <i>All Children have an up to date plan</i>  <b>Under 16 CiC with a manager approved plan in last 6 months (%)</b> <b>16 + CiC with manager approved pathway plan in last 6 months (%)</b> <b>Reduction in timeframes for care proceedings</b>  <b>% children on CP plans reviewed on time</b>	<b>2018/19</b> all thematic audits. % grade good or above  36% 44% 47%  <b>2018 - 75%</b> meeting standard  <b>18/19</b> 64.9% <b>18/19</b> 82.5% <b>Q4 18/19</b> 40 weeks  <b>18/19</b> 97.3%	<b>Q2</b> Impact thematic audit % grade good or above  73% 82% 55%  77% meeting Standard <b>(Sept 19)</b>  <b>Dec 19 –</b> 56.3%* <b>Dec19 –</b> 64.4%* <b>Latest Q3</b> 37 weeks  <b>YTD</b> 94.6%^	80% 80% 80%  83%  85% 85% 35 weeks	90% 90% 90%  83%  100% 100% 26 weeks 97%	<ul style="list-style-type: none"> <li>▪ Practice standards set out expectations in relation to high quality assessment, planning, recording, and decision making.</li> <li>▪ Assessment campaign has been successful in driving completion rates and quality as evidenced in performance and quality assurance / audit activity</li> <li>▪ Workshops with staff undertaken in December 2019 focused around how we can strengthen the visibility of the supervision policy in practice.</li> <li>▪ Dip sample/audit of supervision has been completed in October 2019, which looked at both frequency and quality of supervision. Actions are with Service Manager's to disseminate learning from this and work is underway to create child-level monitoring of supervision in tableau.</li> <li>▪ As part of Public Law Outline workstream a pre-birth assessment guide has been created and is awaiting sign off at Senior Management Team (SMT).</li> <li>▪ 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. The Measures of success will be: <ul style="list-style-type: none"> <li>○ SMART PLANS – by May 2020 100% of plans will include timescales, by March 2021 this will be 100%</li> <li>○ Family Networks and Safety Plans – By May 2020 65% of children will have plans that have been developed with them, their family and support network. By 2021 this will increase to 85%.</li> <li>○ Child at the centre – By May 2020 60% of case recordings and plans will be written to the child. By 2021 this will increase to 100%</li> <li>○ Driving the plan – by May 2020 75% of supervision and management oversight will clearly evidence how the child's plan is being driven forward by 2021 this will increase to 95%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Planning campaign will run from November 2019 to May 2020. This will focus on SMART planning, supervision and management oversight to ensure it is driving the progression of plans for children and young people.</li> <li>▪ Practice leaders in each team are identified, and activity is supported by Practice Excellence Team.</li> <li>▪ Work is underway to review the current supervision policy and consider how we evaluate quality of supervision. Further focus groups with Managers are planned as an outcome/action from the Supervision workshops that took place in December 2019.</li> <li>▪ Work planned with Independent Review Officer team to strengthen the oversight and quality assurance role of the Independent Review Officers in order to improve oversight and challenge.</li> <li>▪ As part of the work around pre-birth assessments, learning sessions have taken place in First Response (facilitated by Practice excellence) and discussions are currently taking place to extend the offer out to Locality Teams.</li> <li>▪ Consideration is being given that through audit and developments on the SOS mosaic development group we are able to measure the success of the planning campaign. One measure of success will be through the end-point audit which will be undertaken in May 2020 or for example, via additional monitoring of Independent Review Officers on monitoring form e.g. has the plan been written to the child?</li> </ul>	<b>Lead</b> - Head of Service Practice Excellence (Anita Gurry)  <i>(Service Manager Safeguarding and Improvement, Principle Social Worker, Service Manager Looked after Children, Service Manager Locality North)</i>

\*Managers in Children in Care and care leavers team since Oct 2019 are ensuring that any plans or review of plans submitted have SMART targets, therefore we have seen and expected a drop in performance for manager approved plans between October 2019 and April 2020 as plans are being reviewed and re-submitted by Managers and Social Workers over this 6 month period.

^YTD review timeliness has decreased in comparison to 18/19. This is because the service prioritised ensuring Initial child protection conferences were timely as performance has decreased during Q2 of 19/20 due to reduced admin support. This has now improved and admin vacancies have been filled/covered and work is focused on ensuring both ICPC & reviews are booked in time for Q4 of 19/20.

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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.  <b>Links to <a href="#">Developing Policy and Performance</a></b>	<b>A</b>	Records being meaningful for children and focus on the child's story  Quality of recording is improved  Chronologies & Genograms are kept up to date  <u>Measures</u>  <b>Performance/audits demonstrates that all cases have an up to date chronology</b>  <b>Audit demonstrates that all cases have a detailed, up to date genogram</b>	<b>Q4 18/19</b> 33%	<b>Q1 19/20</b> 56%	80%	100%	<ul style="list-style-type: none"> <li>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.</li> <li>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).</li> </ul>	<ul style="list-style-type: none"> <li>Review and refresh the recording policy and guidelines for staff</li> <li>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)</li> <li>Exploring other methods of recording systems to make records more focused on the child for example 'talk to text' – support via technology etc.</li> <li>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.</li> <li>'Writing records to the child' methods have been piloted in Independent Review Officers service and Children in Care. Feedback has been overwhelmingly positive. We are also looking at other local authorities and their methods. Strategy/proposal to role this out will be brought to Extended Senior Management Team in February.</li> <li>Methods of recording the case summaries are being investigated (e.g. could we do a video case summary with the child). This is being progressed with the system development team to see what is / is not possible to record.</li> </ul>	<b>Lead</b> - Head of Service Safeguarding and Improvement Kay Fletcher  <i>(Head of Service Business Support, Principle Social Worker, Head of Service Children in Care Virtual School Fostering &amp; Adoption, Service Manager Looked after children, Safeguarding and Improvement Manager (Stuart Jones), Service Manager First response Children's Duty)</i>



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2019 5.	Planning for permanence for children whose plan is not adoption  <div style="border: 1px solid black; background-color: #4F7942; color: white; padding: 5px; width: fit-content;">             Links to  <b><u>Taking the right action at the right time</u></b> </div>	<b>A</b>	<p>Children benefit from having absolute certainty about their living arrangements at the earliest opportunity. Robust management oversight and consistent challenge from Independent Review Officers reduces drift and delay for children achieving permanence through long-term fostering or Special Guardianship Orders.</p> <p><b>Measures</b></p> <p><u>Children with a plan for permanence/where permanence has been considered:</u></p> <p><b>All children have a plan for permanence considered &amp; identified at second review (new measure from Sept19)</b> *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.</p> <p><u>Children with permanence agreed via permanence panel: (indicators to be agreed as follows)</u></p> <p><b>When a placement is already identified by second review, permanence to be agreed at permanence panel within 2 months of the second review.</b></p> <p><b>When a placement has not yet been identified by second review, permanence to be agreed at permanence panel within 6 months of second review.</b></p> <p><small>^System developments in mosaic have been agreed which will enable reporting of measures &amp; performance around permanence. Once we have a baseline of all children in care back keyed into the system - this will enable us to better consider and set targets for 2020 and 2021.</small></p>	Not measured	latest Oct 19 98%	98%*	98%*	<ul style="list-style-type: none"> <li>▪ Matching permanency dip sample audit has been completed (Sept19) on children who achieved permanence prior to the introduction of the permanence panel in January 2018 and was agreed formally prior to this. The audit found that permanency had been previously agreed and recorded for most children. Children where permanency had not been agreed had either recently broken down or children were assessed as not yet ready for permanence.</li> <li>▪ 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</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recommendations from dip sample (Sept19) include system developments to record permanency decisions have been agreed, <b>which will enable reporting of measures around permanency and targets to be set.</b> Work underway to identify historical permanency agreed for children in care. Report / update to Senior Management Team and monthly permanence update to Lead Members is currently being finalised.</li> <li>▪ Work underway to strengthen the quality assurance role of Independent Review Officers to ensure challenge and robust oversight of permanency planning to prevent drift and delay.</li> <li>▪ Permanence panel continue to review paperwork and processes required to ensure a streamline system.</li> <li>▪ A monthly report on position of permanence plans for children in care will be provided.</li> </ul>	<b>Lead</b> - Head of Service Children in Care, Virtual School and Fostering and Adoption Nicci Collins  <i>(Service Manager Permanence &amp; Fostering, Service Manager Safeguarding and Improvemtn, Service Manager Looked after Children, Agency Decision Maker, Service Manager Fieldwork South.</i>

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2019 6.	Monitoring the quality and appropriateness of alternative education provision for children in care.  <div style="border: 1px solid black; background-color: #d4af37; padding: 5px; width: fit-content;">Links to <a href="#"><b>Developing Policy and Performance</b></a></div>	<b>A</b>	<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><b>% of alternative provision that provides education to Leicestershire looked after children that has been quality assured by the commissioner</b></p> <p><b>% of alternative provision that provides education to Leicestershire looked after children that has measures in place to monitor educational progress of Looked after children</b></p>	n/a	<b>Not yet measured</b> – work ongoing with schools to agree measures & methods of reporting to LA.	100%	100%	<ul style="list-style-type: none"> <li>▪ We check the progress of all children in care at each of their PEPs. Our alternative provision is commissioned by the secondary education inclusion partnership, further work is required to tighten and provide oversight and assurance of the quality of provision to the local authority.</li> <li>▪ 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 than they would receive in mainstream school.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ A revised procedure to ensure closer monitoring of alternative provision is being taken to Leicestershire School Heads meetings in Q4 2019/20. This will include reportable measures that need to be agreed by Leicestershire schools.</li> </ul>	<p><b>Lead -</b></p> <p>Head of Service Children in Care, Virtual School and Fostering and Adoption Nicci Collins</p> <p><i>(Virtual School Head, Inclusion Manager)</i></p>