

Name:	Children & Families Service Improvement Plan
Duration:	May 2018 - April 2019
Relevant Strategies	Corporate Parenting Strategy/Children & Young People's Plan
Previous version(s) of action plan /relevant plans:	new refreshed version for April 2017 to March 2018
Board responsible for monitoring action plan:	Service Improvement Board/Executive Group/DLT
Owner:	Service Manager Children's Social Care and Early Help
Implementation Date:	May 2018 - April 2019
Review Date:	Nov-18
Frequency of monitoring/reporting	Quarterly
Aims:	The aim of this plan is to improve services for children, young people and their families.

source of action

Priority 1 - SAFE - Children and Young People are safe and feel safe.

Notes:

	Ref:	Action:	Start:	End date	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
	1.1	Review of Virtual MASH arrangements and Information Sharing Agreement within the City of London. Protocol to be updated and process relaunched	May 18	September 2018	Audits will indicate that Virtual MASH process is used consistently, there is effective application of threshold at the front door and information sharing arrangements inform timely assessment process.	RG/JH	CP	August: Arrangements have been reviewed by SM and partner colleagues. Action plan in place - relaunch to be delivered asap.	Green
Safe, informed and individualised decisions to be made for all children and young people referred to the City of London (Aidhour)	1.2	Ensure staff are clear about essential information to be collected at front door (father, family, ethnicity, language)	May-18	Dec-18	Information will be frontloaded. Decisions better informed making for more individualised and timely responses. Audits will confirm improvements and front door information will be more thorough.	RG/JH/SA	CP	August: Staff are clear and our performance colleague checks every contact at the front door to show essential information collected (where possible). This will be further checked through audit.	Green
Think Family to be central to all our interventions with children and young people (Aidhour)	1.3	Consider as routine convening a Family group Conference to contribute to planning and keeping children and young people safe.	May-18	Dec-18	Families will be enabled to find 'solutions' within their own sustainable networks. Less reliance on social care intervention where possible. Internal and external audits will confirm through case/supervision record that FGCs were considered and held wherever possible early on in involvement with families.	RG/JH/SA	CP	August: FGCs are in place for child protection, pre-court proceedings and Court cases through spot purchasing. We now need to look at contract with an FGC provider to provide consistency of service and extend our offer to Child in Need and Early Help cases (where needed). Practice standards to be updated. A short assurance report will be presented to the SIB.	Green
To be confident in addressing abuse in affluent families (Neglect and Affluence Research)	1.40	Identify issues and areas for development for SW staff and source/deliver appropriately. Individual supervision, group supervision to specifically consider whether this is an issue and impact it may have on interactions with the family and safeguarding of children.	May-18	Nov-18	Staff will feel confident and supported in addressing abuse regardless of family/background. Children and young people regardless of background will receive equitable service/protection. Internal and external audits will confirm via case and supervision notes that practitioners/managers have considered the implications of class/affluence/power on their interactions with family and the impact this may have on safeguarding and service delivery.	RG/JH/SA	CP	August: Service Manager held reflection feedback session. Areas identified for improvement - support from legal services re litigation; support from management to enable staff to deal with all families/parents without necessarily deferring to senior managers	Green
Information is shared in a proportionate and timely way ensuring relevant partners contribute and have the information they need to safeguard and ensure well being of children and young people(Multi Agency Audit).	1.5	Liaison with health colleagues (designated nurse for safeguarding) to plan most effective way to ensure inclusion of all involved professionals, to include out of borough GPs and school nursing service.	May-18	Nov-18	Audits will confirm that Plans/Assessments are multi agency. Partners feel sense of ownership and relevant information is shared to improve service to CYP. All relevant information about children/families will be collated at earliest instance to inform decision making.	RG/JH/SA	CP	August: Annual audit should evidence progress. In the meantime, team managers are checking for agency input when signing off assessments. Returning Service Manager will meet designated nurse for safeguarding in September. Refreshed MASH will improve timely information sharing.	Amber
Specific measures are in place to safeguard unaccompanied asylum seeking children and young people in our care (Learning Case Review 1 & Report of Radicalisation and Modern Slavery)	1.6	All staff to receive training on radicalisation and modern slavery.	May-18	Nov-18	Staff alert and informed about risk enabling early intervention and prevention, internal and external case audits will indicate that staff understand and are alert to signs of radicalisation and/or modern slavery.	RG/ZD	CP	August: Staff have received training on radicalisation. E-training for staff on modern day slavery is available, with a target date for all staff to have completed by 30 September. This will be followed up with a short briefing to staff at team meeting in October.	Green

	1.6a	Specific risk assessment templates created for each risk.	May-18	Dec-18	Individual risk assessments on every case file and updated 6 monthly. Specific risk for individuals will be recognised and where possible mitigated against at earliest possible opportunity. Internal and external audits will confirm an individualised response to each young person.	RG/JH//SA	CP	August: There is a general risk assessment as approved by the Service Improvement Board. Staff have used specific risk assessments to date, such as for domestic abuse. The returning service manager will create specific risk assessments by end September, and create links to these in the practice standards.	Amber
	1.6b	Guidance to be developed re risk assessments and referral pathways to Channel and NRM	May-18	Dec-18	Risk escalated appropriately ensuring timely expert intervention to reduce potential harm to CYP. Internal and external auditing will confirm that staff understand and where appropriate are able to use appropriate referral pathways.	PD/RG	CP	August: Guidance in place for referral pathways to Channel and NRM. Needs adding to the Practice Standards via hyperlink so it is accessible, and staff remember it is there. Guidance needs writing re risk assessments. Short assurance report to be produced to evidence impact.	Amber
	1.6c	If concerns raised about CYP working illegally strategy discussion to take place with police and Sec 47 instigated. Practice standards updated accordingly.	May-18	Sep-18	Risk will be identified and managed early on. Protective/preventative measures can be put in place. Internal/external audit will confirm that processes are in place, understood and used.	RG/JH/SA	CP	August: Team managers fully aware of this new process. The practice standards are fully updated every six months, the next edition will be shared by 30 September.	Green
	1.6.d	Missing protocol to be reviewed to ensure that if a young person in our care goes missing, education establishments to be contacted within 24 hours. Practice Standards to be amended accordingly.	May-18	Sep-18	Multi agency response to any missing episode which is robust and understood by all - fully informed response will offer best chance of locating/safeguarding young person. Internal and external audits will demonstrate consistent multi agency response applied in line with	RG/JH/SA	CP	August: As above. Further information from the charity 'missing' has been circulated to the team, and a short briefing on 'missing' will take place on 5 September.	Green
Address risks to vulnerable adolescents in the city of London in line with CHSCB strategy.(CHSCB Vulnerable Adolescents Strategy 2017-19).	1.7	Data collection around broader vulnerabilities to be collated in order to understand City picture	May-18	Dec-18	Information collated will inform and shape our bi-monthly Vulnerable Adolescent Forum and City of London's response.	RG/JH	CP	August: The last Vulnerable Adolescent Forum (August) asked partners to share information to build our wider profile, so we can address any risks identified. This will be captured and analysed by the next Forum (October)	Green
	1.7a	Secure a more robust data sharing agreements with the Cof L schools to allow a more rigorous process of information sharing around vulnerable CYP	May-18	Dec-18	Vulnerable young people will be flagged at an earlier stage and from a wider referral network. It would be expected that there will be an increase in terms of referrals/consultation between C of L EH and CSC and City based schools.	RG/JH/PD	CP	August: Returning service manager has appointment with CoL police and Education lead on 19 September, looking at pan london work on data sharing with schools after an incident of domestic abuse.	Green
	1.7b	Review of our interface with British Transport Police in relation to major transport hubs in the City & vulnerable young people coming to notice.	May-18	Sep-18	Potential trends/hot spots can be identified which will inform planning at MASE/VAF. There will be a regular input of information to relevant forums and possibility of increase in referrals re vulnerable adolescents coming to notice.	RG/JH	CP	August: As part of review/refresh of MASE and VAF, Police lead is contacting all relevant policing departments to attend/feed into bi-monthly meetings.	Green
	1.7c	Consideration to be given to ongoing programme of training to hotel and serviced apartment staff around awareness of vulnerable CYP	May-18	Sep-18	There will be greater awareness of CYP at potential risk of harm within our community which will inform our response.Potential trends/hot spots can be identified which will inform planning at MASE/VAF. There will be a regular input of information to relevant forums and possibility of increase in referrals re vulnerable adolescents coming to notice.	RG/PD	CP	August: The City of London police are going to test hotel/service apartment awareness by sending in cadets to test out their practice. A conference is planned for the new year 2019 to share evidence and train hotel staff.	Green
	1.7d	Liaison with neighbouring LA's around their Contextual Safeguarding response. Attendance at neighbouring MASE, Vulnerable Adolescent Forum meetings. Invite neighbouring colleagues to C of L MASE/VAF to share information.	May-18	Oct-18	We will develop an effective forum for sharing of information, planning and intervention to reduce risk to vulnerable young people which is able to take account of trends from neighbouring boroughs that may impact on City CYP. We can consider how to develop our own 'Contextual Safeguarding response'.	RG/JH	CP	August: Team manager has asked to attend local borough MASE/VAFs. Police Lead has invited Contextual Safeguarding lead from Hackney to attend next MASE/VAF	Green

	1.7e	MASE & VAF to be held bi monthly to develop and coordinate safeguarding of young people from abuse and exploitation. Specific Action Plan will detail s	May-18	Sep-18	MASE & VAF will become a regular process, ingrained and valued and understood by relevant professionals as having a worthwhile role in understanding our local picture and how to inform our response. It will be well attended and information shared/ actions agreed will positively impact our response to safeguarding vulnerable YP.	RG/JH	CP	August: MASE/VAF this month covered review of Terms of Reference; Action Plan; local information dataset. Invitation list has been updated and refreshed to include all relevant partners. Report on progress will be ready Nov.	Green
Embed a theory of practice into the social work function within the City of London Children's Services. (Aidhour case review).	1.8	Scope and source a Systemic model of Social work practice to be rolled out across the service.	May-18	Dec-18	This will result in a common understanding and application of social work theory across our workforce and greater engagement with and understanding of children and families. Children and their families will be supported in a consistent and systemic way reflected and evidenced in practice and supervision.	RG/ZD	CP	August: Workforce development finalised the specification for the tender of learning and development services for social care, one area within the tender being training for children's social care in Systemic Practice. We await responses to tender. This is in the workforce development plan (priority 2), as owned by the Workforce Development Group.	Amber
Ensure we have a skilled and appropriately trained workforce to support service users in the city. (New National framework to be introduced 2020)	1.9	Ensure that the Knowledge and Skills Statements are embedded into Social Work practice for Adults and Children's Services	Aug-18	Mar-19	1. Job descriptions for Social Workers / Practice leaders are revised to ensure compliance with KSS 2. Learning needs are identified as appropriate and action plans put in place.	RG/ZD	CP	August: RG and ZD have met to go through workforce development as staff work towards national accreditation and a People wide training offer is in place. Tender underway. RG to lead social care staff in readiness for training offer.	Green

Priority 2: - POTENTIAL - Our children and young people have equal opportunities to enrich their lives and are well prepared to reach their potential in adulthood.

Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	Green
Children, young people and their families have clear plans with focused, measurable outcomes. Progress is monitored and evidenced. (Aidhour audit and Ofsted recommendations 2016 - see also Ofsted SIP Priority 5 attached)	2.1	Review our assessment templates, plans, meetings and supervision process to ensure that it is informed by 'Signs of Safety' model of practice.	May-18	Nov-18	Families will be clear about why social care are involved, what they are working towards and the difference this will make. Plans are clear, pertinent, measurable and time limited. Next external audit will confirm this.	RG/JH/SA	CP	August: Our templates were fully redesigned. We found that these were not delivered as expected by IT staff. The new IT support has been contracted to Agylisis, commencing 1 September. The templates will be forwarded and test runs made. SMART training is in place for 19 September.	Green
	2.2b	Targeted training to ensure all practitioners are able to produce plans that are timely, have clear measurable outcomes, that are child focused and able to support, monitor and evidence progress.	May-18	Jan-18	All plans (CIN, CP, CLA, Pathway, PEPs) are consistently SMART with clear outcomes that are child focused, and where possible integrate CYPs views. Progress traced through thematic audits.	RG/JH/PD/ZD	CP	August: The IRO/CP chair is running staff/manager training on 19 September. The workforce development plan (1.29) for the department is ensuring that trainers are developed and our offer consistent. The topic is on our management meeting agenda on a monthly basis, with managers aware that this is a key performance area to achieve change across the workforce.	Green
	2.2c	Plans to be updated as circumstances and needs change whilst ensuring original purpose for involvement is not lost	May-18	Jan-18	Plans are dynamic and relevant to the child/young persons current situation. As above, management review, supervision notes, internal and external audit will confirm improvement.	RG/JH/SA		August: training is in place for managers and social workers. Impact of training on dynamic plans will be audited in November and reported in the new year.	Amber
	2.2d	All Social work staff to have objectives in their individual Performance Development appraisals that focus on ensuring all plans are completed to a high standard within statutory timescales.	May-18	Nov-18	Staff understand the importance of routinely completing all plans to a consistently high standard within statutory timescales and that failure to do so could be treated as a performance issue.	RG/JH/SA	CP	May 2018: All SW staff now have performance development outcomes that are specifically related to this action which will be reviewed throughout the year at every supervision .	Completed
Intervention should be timely, focused and regularly reviewed with clear exit strategies identified in order to avoid drift (Aidhour audit)	2.3	Consideration to be given to exit strategies in planning and throughout case management. TM and SM to consider how this can be implemented/formalised as part of the ongoing process of our involvement with families.	May-18	Jan-19	Cases are ended confidently when families chose to discontinue where does not reach CP threshold. Internal/external audits will confirm that involvement is purposeful and timely and there is no 'drift'.	RG/JH/SA	CP	August: one family disengaged with CP process. Advice sought. Stepped up to PLO to avoid drift. We have started to use Early Help as a step down from CIN, so that statutory involvement can cease where safe to do so.	Amber

	2.3a	Review of case closure process for practioners on electronic case file system to expediate case closures. For discussion with Mosaic support service to identify barriers to prompt closure once work has ceased.	May-18	Jan-19	There is no delay to closing cases due to process issues on electronic recording system. Internal/external audits/ data performance confirm cases are closed when work with family ceases.	RG/JH/SA/KW	CP	August: new service provider Agyllis starting September, review will take place then.	Green
Social workers are supported and enabled to offer children, young people and their families the best possible service.(Aidhour Audit & Multi-Agency Audit).	2.4	Supervision takes place regularly and is reflective, providing Social Workers with the opportunity to explore their assessment and progress of plans.	May-18	Jan-19	Supervision is a dynamic process that improves and informs the journey of the child, young person and their family.	RG/JH/SA	CP	August: as August 2018 there are two team managers job sharing. Each will supervise their workers every four weeks. A short assurance report will go to the SIB. The systemic practice model will offer support to supervisors.	Green
	2.4a	Supervision template is updated and draws on 'Signs of Safety' to support practitioner and manager to achieve supervision that is both productive and reflective.	May-18	Jan-19	There is consistency in the supervision process for practioner and manager that aids planning. Internal and external audits to measure.	RG/JH/SA	CP	August: Agyllis informed about new template needed 28 August, they will amend once they start contract in September.	Green
	2.4b	Develop a forum that can provide regular, possibly multi agency, group supervision for practitioners who are feeling overwhelmed or where cases have become 'stuck'	May-18	Jan-19	This provides another forum with wider view point to aid and assist assessment and planning for families. Case notes indicate that group supervision has taken place with information about outcomes/ suggestions clearly recorded on case notes. SW will know that they can request such a peer supervision opportunity to aid planning. Supervision notes will confirm that this has been considered.	RG/JH/SA	CP	August: this will form part of systemic practice service development, the tender for which is to go out in October. Cases can be discussed at team meeting if 'stuck', and workers/managers can use Top 3 to think through with support from adults/early years & education/tenancy support and homelessness services.	Amber
All children & young people in our care and care leavers are encouraged to achieve, be ambitious and have the opportunity to succeed in education (Action fo r children consultation and IRO case review)	2.5	Information is given to all young people about the Virtual School Head to ensure that they understand the purpose and how to contact.	May-18	Nov-19	All young people are aware of, and able to contact the VSH so that they are clear about the support and guidance they are entitled to in respect of their education. Consultation with young people will confirm that they understand the purpose and process of VSH support.	SA/VSH	CP	August: The current VSH has worked hard to ensure our young people are on the right educational programmes, and are booked into courses in September at the right level to succeed. Every child in care was offered additional educational support (IRO report July 2018). New VSH to start Sept 2018. Consultaion and liaison between him and CSC will ensure a consistent process is in place to inform and advise CYP with regards role of VSH.	Green
Extra support to be put in place at the earliest point should a young person in care be excluded from school to enable earliest return to education. (IRO case review)	2.6	LAC review to be triggered when a young person who is looked after is excluded from school. Practice Standards to be amended to reflect this.			This would coordinate earliest response to returning a young person to education.	SA/RL	CP	August: these details will be in the September refresh of the practice standards.	Green
Given our current cohort of children looked are all unaccompanied asylum seekers our service needs to further develop an expertise around best meeting their needs in and around education and employment.(Action for children consultation and IRO case review)	2.7	Virtual School Head to continue to support and monitor access to ESOL and functional skills courses	May-18	Nov-19	Children and young people are given the opportunity to take part in a course/education most suited to their needs. Our cohort will aspire and achieve to the best of their ability and will be given equal access to educational opportunities and resources. Consultation will tell us young people believe this to be the case.	VSH	CP	August: Previous VSH has worked consistently to offer our cohort of CYP best possible opportunities. New VSH will develop their strategy to move this forward. New VSH starts Sept for new academic year.	Amber
	2.7a	New VSH to develop specialist knowledge of UASC and ESOL to ensure they are est able to meet the specific needs of our looked after cohort.	May-18	Dec-19	UASCs in our care are offered service that best meets their very specific needs. Consultation with our cohort of LAC and care leavers will confirm that they feel supported and enabled to achieve in education to their full potential	VSH	CP	August: new VSH starts Sept 2018	Amber
Unaccompanied Asylum seeking children who start education upon their arrival in the UK to be prepared in order that they have best opportunity to integrate into a school placement in order to maximise their opportunity to succeed(IRO case review).	2.8	Protocol/practice guidace be created for integrating children/YP who have had limited or no access to education in their home country to school/college in England.	May-18	Dec-19	UASCs in our care are offered best opportunity to succeed in educational setting. Young people are 'ready' and prepared to achieve to the best of their ability. Attendance rates improve, engagement is consistent and young people achieve education qualifications.	RG/VSH	CP	August: new VSH will take this forward	Amber

Support and advise UASC young people in our care in their asylum seeking process.(Action for children consultation & CiCC)	2.9	Upskill our workforce in better understanding the process and procedure of claiming asylum through LASC consultation/ liaison and attendance at training events.	May-18	Dec-19	We will confidently be able to advise, support and advocate on behalf of our young people to assist and expediate the process where possible. Internal and external audits will confirm that timely and informed advice was offered or signposted and consultation process will confirm that young people feel they are getting the advice/support that they need.	RG/SA/J/ZD	CP	August: all staff receive LASC (London Asylum Seeking Consortium) monthly bulletins. A comprehensive training offer for all staff will be in place following tender, and this area of learning will be included. Returning Service Manager will provide a session on the asylum seeking process for staff the first team meeting in October.	Green
Reduce numbers of placement moves/breakdowns for CLA(IRO case review & Radicalisation and Modern Slavery Research)	2.9a	Dedicated placements function within a managing post be recruited to within commissioning team - role will involve reviewing expectations of Independent Fostering Agencies and minimum standards required.	May-18	Dec-19	There will be a reduction in placement breakdowns/changes of placements. A cohort of specialist and experienced foster carers will be recruited who will enable better matching with regards needs of our children and young people.	RG/SA/J/ZD	CP	August: The advert for a new manger role to set up the placement functions and design and implement supporting processes will be out by 8 September. This role will design in the resilience within the commissioning team so that there is not a single point of failure.	Green
	2.9b	Until City Placements officer post recruited to, all placemtns to be courced through Pan London arrangement. Any neccesity to go ourside of this needs senior management agreement.	May-18	Nov-18	As above	RG/SA/J/ZD	CP	August: Service manager has authorised 2 new UASC placements outside this framework in an emergency in August, when there was no capacity in commissioning to support the task. These placements are to last no more than 4 weeks, due to transfer to Croydon rota.	Green

Priority 3: Independence, involmnet & choice. We will co-produce services with our children and young people and provide support and resources so they can develop the independence and empowerment to play an active role in their communities and excercise choice over their services.

Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
All young people who are in our care will be consulted with and have their voices heard throughout all of their plans and reviews.(Ofsted & Aidhour)	3.1	Independent Reviewing Officer to update CLA review document template using CYPs own words to better reflect thei wishes and feelings	May-18	Nov-18	CYP will feel that reviews are a meaningful and useful process that they have a direct influence on their lived experience. This will be reflected throughout young people's plans, and case files and they will confirm to us, via consultation process that this is their experience.	RL	CP	August: IRO has updated CLA review document. The minutes are now written and addressed directly to the young people with photos sometimes included of achievements and trips etc. The only time it's written in third person is when child is very young.	Completed
Care leavers have pathway plans that reflect their journey and contain their voice. These plans will be regularly reviewed and updated.(Aidhour)	3.2	Management sign off of the Pathway Plan to be undertaken on the basis that the plan has been shared with the young person. Practice Standards to be updated to reflect this.	May-18	Nov-18	Young people will feel a sense of ownership of their Pathway plans which will be dynamic and timely tools that they are involved in creating and progressing. Case records/ pathway plans will state specifically that the plan has been shared with the young person and their views have been incorporate and their voice heard.	RG	CP	August: returning service manager will update the practice standards in September. Meanwhile, team managers are not signing off plans unless they've been shared with young people and contain their views.	Amber
	3.2a	Social workers have performance development objectives specifically linked to requirements and timescales for statutory tasks as defined in the practice standards.	May-18	Nov-18	Pathway plans will be completed regularly within prescribed timescales and as such will be reflective of young people's current lives. Internal/external audits will confirm that plans have been undertaken within timescales. Failure to do so may result in performance management.	RG	CP	August: Social Workers Performace development Appraisal frameworks now have specific outcomes linked to adhering to statutory timescales/requirements of assessments, plans and reviews. Pathway plans were completed on time in half of cases last financial year. Agyllis have been asked to rectify Mosaic to ensure that there is no moving of start dates. Performance management is being used as needed.	Green
All young people in care and care leavers know about our pledge to them and that it reflects what is important and meaningful to them. (Action of Children consultation)	3.3	Our pledge is reviewed and updated in consultation with Children in Care Council.	May-18	Nov-18	Our pledge to young people in our care contains things that are important to them and guides our service delivery accordingly. Young people will confirm to us that they feel consulted with and listened to	RG/RdP	CP	August: the CiCC reviewed the Pledge in August and pledge now needs to be amended with their wishes and feelings.	Green
	3.3a	Social workers ensure that all CYP in care and care leavers are informed and understand what the pledge is and how it relates to them.	May-18	Nov-18	All CYP in care and care leavers are informed and understand what our pledge means to them. External consultaiton will confirm this.	RG/SA/JH	CP	August: SWs are aware of and promote the current pledge. The IRO has confirmed this in every case (see July report). When it is reviewed and updated, each SW will be expected to share and discuss with their allocated CYP.	Green

Young people in care and care leavers know, what they are entitled to and how to contact us and share their views/feedback on the service they receive (Action for Children consultation)	3.4	Improve our communication channels to our young people so that they are aware of what is available to them and it is easier for them to contribute to consultations	May-18	Dec-19	Young people are active and vocal in contributing a view as to how services are structured and managed for them within the appropriate guidelines. Annual consultation will confirm that young people feel consulted with and listened to. Internal and external audits will evidence how young people are consulted with and what difference this has made.	RG/RdeP	CP	August: views are formally gained at CiCC reviews. The review forms were redesigned by the IRO, to make them more accessible. A new young person friendly online tool will be in place by December 2018 (IRO report July 2018). In addition, our young people are co-producing our info for care leavers at October CiCC. Updated entitlement sheet following October CiCC will be shared with YP on their facebook group and link via Whatsapp.	Green
	3.4a	Work with the SPICE team to consider if we can use time credits to encourage participation and create an asset based approach to co-production.	May-18	Nov-18	Young people are rewarded for their contribution to how their services are designed and managed - Independent consultation will confirm this.	RG/RdeP	CP	August: Young people already gain SPICE credits for participation. Our young people, on the whole, do not use them as the activities are not near their homes. Service manager to review with Rose De Paetzon to look at options that are activity based and accessible.	Green
To have a Corporate Parenting Strategy that is relevant and reflects the needs, wants and aspirations of our looked after cohort.(CYPP 2018 - 2021)	3.5	In consultation with CYP who are looked after and care leavers we will review, renew and co-produce our Corporate Parenting strategy to ensure it is relevant and continues to reflect their needs.	May-18	Nov-18	Our Corporate Parenting Strategy will be refreshed with input and co-production from our CLA and care leavers. Young people will have a voice in the care and corporate parenting they receive.	RG/RL/RdeP		August: IRO has updated CLA review document. The minutes are now written and addressed directly to the young people with photos sometimes included of achievements and trips etc. The only time it's written in third person is when child is very young.	Green
To utilise our CiCC to offer our children the opportunity to gain experience that will assist with independence and employment. (CYPP 2018 - 2021)	3.6	Deliver a regional Children in Care Council on behalf of London	May-18		Raise aspiration and ambition of our young people who are involved in the CiCC - provide them with opportunities and experience.	RG/RdP		August. The Regional CiCC is up and running.	Green

Priority 4: Health and Wellbeing - Our children enjoy good health and wellbeing.		d							
Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
All children and young people within our care will have regular medicals and up to date medical information on their files.(2017/18 SIP)	4.1	All medicals will take place within statutory timescales and CLA medical reports will be received within 2 weeks of the appointment.	May-18	Nov-18	Whittington Health to provide an ongoing review of this every quarter. Management oversight/liaison with CLA safeguarding nurse will monitor.	RG/JH/SA	CP	August: bookings are made in good time by our admin support. Since April 2018, all medicals were on time. Service manager will add checking the report is received and uploaded as a new admin function.	Green
All children and young people within our care will have individual and up to date health histories that will inform their medical care should they move areas(2017/18 SIP)	4.2	Social Workers to ensure that all young people have personal health histories and encourage young people and medical personnel to use.	May-18	Nov-18	Young people will have health records that are detailed and individualised to them which they can take to wherever they are living. Audit by designated CLA nurse to take place.	RG/JH/SA	CP	August: every care leaver has their health history. Returning service manager is booked to see the CLA safeguarding nurse at start of September so she can run an audit on a quarterly basis as part of our work plan.	Green
	4.2a	Explanatory notes to be provided for each young person, in their first language as to what health history is for.	May-18	Nov-18	Young people understand the purpose of the health history and use them appropriately. Audit by CLA nurse to take place.	RG/JH/SA	CP	June 2018: Explanatory notes have been produced by health and are held by CSC admin. A copy will be translated into CYPs language when health histories are issued.	Green
	4.2b	GPs and Practice Nurses to routinely use the health histories and enter all relevant information at each appointment.	May-18	Jan-19	Medical personnel will complete routinely ensuring young people have detailed health histories. Audit by CLA nurse to take place.	RG/JH/SA	CP	June 2018: Stickers have been produced explaining to professionals the purpose and process to be used with health histories. Existing records are being updated and all new records have note added.	Green
All children and young people in our care and care leavers to be encouraged to engage with an independent mentor who can advocate on their behalf if required(2017/18 SIP).	4.3	All CYP to be offered a mentor through Action for Children and if they wish to take up the option introductions to be made by allocated SW.	May-18	Jan-19	Young people will feel more secure and listened to knowing that they can utilise an independent advocacy service. There will be evidence of advocate involvement in CLA review reports and pathway plans.	RG/JH/SA	CP	August: SWs offer every young person a mentor. The IRO ensures that every Child in Care is offered an independent mentor/advocate. This is evidenced in her IRO report (July 2018). In addition to this assurance, she will also track this in between reviews. A short assurance report will be written for over 18 care leavers.	Green
Care Leavers to have at least one trusted friend or adult they can talk to (Action of Children annual consultation)	4.4	Social Workers to link young people with refugee groups and care leavers groups providing them with the opportunity to make and sustain meaningful relationships.	May-18	Jan-19	Young people will have the opportunity for wider social interaction and leading to increased opportunities and self esteem. Pathway plans will evidence this.	RG/SA/JH	CP	August: SWs aim to link every young person with a refugee organisation, the IRO monitors this in every CiC reviews (evidenced in July report). Our young people are well engaged with community, refugee and faith groups and the opportunity is there for lasting friendships. A short quality assurance report to evidence this element for care leavers over 18, following the annual audit).	Green

Care leavers have the opportunity to become or link with a peer mentor.(Action of children consultation & 2017/18 SIP)	4.5	Discussion with commissioning re sourcing an appropriate organisation to develop peer mentoring programme for care leavers in the City of London.	May-18	Jan-19	Young people will be able to support and assist one another - developing confidence and self esteem. Case records/pathway plans will evidence this.	RG/MP	CP	August: the returning service manager has booked in a meeting with commissioning on 18 September.	Amber
Improve our understanding of the cultural practices and lifestyles of the young people in our care.(IRO case review)	4.6	Work and consult with relevant community organisations to improve our knowledge and understanding of our young people.	May-18	Jan-19	Greater understanding of the young people we work with will enable us to offer them a more personalised service. Management oversight will confirm that this is considered. Independent consultation will confirm young people are satisfied with the service they receive.	RG/JH/SA	CP	August: SWs are good at seeking to understand the culture of the young person from listening to them. Incoming service manager needs to take this action forward with the Refugee Council, and has asked for staff to attend the cultural awareness training with the CHSCB this term. This work is particularly urgent as the social work and early help work frontline practitioners are all white, and do not reflect the wide variation in cultural practices of our service users.	Amber

Priority 5: improvements following from the July 2016 OFSTED

The experiences and progress of children who need help and protection	Ref:	Action:	Start:	End date	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 1: Further improve the quality and consistency of written plans for children, including early help plans, child in need plans, personal education plans and pathway plans. These should be clear and simple, fully integrate the views of children and young people and clearly state what is to be achieved by when.	1.1	Review and revise layout of Early Help plans in partnership with Multi-Agency Practitioner Forum (MAPF)	Jan-17	Dec-19	1) Written plans for children are consistently SMART 2) Children and young people's views are incorporated 3) Annual quality assurance audits of all cases confirm that actions on written plans have timescales, are achievable and reflect the voice of the child	RG	CP	August - This has been taken to EH subgroup to scope potential for consolidating a different planning framework to be led by CHSCB.	Green
	1.2	Refresher training to take place re SMART planning, ensuring plans consistently have clear, measurable outcomes that are child focused and measurable thereby better supporting monitoring and evidencing progress (Aidhour Audit 4.20)	Apr-18	Jun-18		RG/SA	CP	August: training is in place for social workers and managers together on September 19th.	Green
	1.3	Audit of all plans (CIN, CP, CLA, Pathway Plans, PEPs) to ensure that they are consistently SMART with clear outcomes that are child focused and integrate CYPs views (as above Aidhour Audit 4.20)	Apr-18	Jan-19		RG	CP	August: Audit will review in November, and report reviewed in January 2019.	Amber

The experiences and progress of children who need help and protection	Ref:	Action:	Start:	End date	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 2: When families disengage from services and the threshold is not met to escalate the case further, ensure that any ongoing work is purposeful and that case records clearly evidence manager's rationale for ceasing or continuing support.	2.1	If case continues, review and revise the plan with clear timescales with a further review at no later than 3 months to determine case status. This stayed in because AIDHOUR audit identified some drift (4.18)	May-18	Jan-19	Short assurance report on drift.	RG	CP	August: returning service manager will review with team managers at their next supervision and keep this as a topic for all 121s going forward. Service manager to write a short assurance report by Jan taking into account audit.	Amber
	2.2	Ensure that an up-to-date chronology is on file and has been reviewed by the Team Manager as part of the sign off process (RG to lead) This stayed in as chronologies not regularly updated.	May-18	Jan-19	1) No drift on cases 2) Chronologies are updated every 3 months.	RG	CP	August: returning service manager has put this topic in the new weekly management meetings with the new job share trial. Service manager will bring this to the team in team meeting on 5 September, to help link to avoiding drift. Topic to be on every 121 with social workers and team managers until this practice is embedded.	Amber
	2.3	November audits to review evidence that the plan is updated to reflect continuation of work and plan meets requirements as set out above. To review 2.1 and 2.2.	May-18	Jan-19	1) Measure compliance through audits and supervision	PD	CP	August: as above	Amber
Research on neglect linked to affluence draws on practitioner experience and identifies strategies and practice methods to address non engagement from these families	3.1	Following findings of Affluence and Neglect research, reflective group supervision to take place with practitioners to consider issues raised and identify areas for development.	May-18	Jan-19	Audit of Cases will clearly show that practitioners have been able to consider issues specific to engaging with this group thereby increasing the likelihood of successful engagement and intervention leading to better outcomes for C&YP.	RG	CP	August: interim supervisor ran a group session to look at the research. Areas for development listed above.	Green

	3.2	Development/training areas identified as above to inform Workforce Development Training Needs Analysis who will scope and coordinate appropriate training	May-18	Nov-18		RG/ZD		August: Workforce development officer has deployed a matrix to develop a needs analysis.	Amber
Increase the number of families taking up Early Help services, building on existing partnership working at a strategic and operational level (paragraph 8)	A5.4	Specific targets for commissioned services re. referrals/completing EH plans and performance management (City Gateway and Youth Offending Services (YOS)	May-18	January 2019	1) Invite commissioning to join EH sub-group 2) Bring commissioned services into conversation with partners re. future plans/development at an earlier stage	RG/JF	CP	August: Our numbers have increased due to using Early Help as a step down from Child In Need work, rather than from partners. Commissioning have worked closely with EH. Returning service manager is meeting commissioning manager on 18 September to review work.	Green
Ensure that case records are up-to-date and comprehensive, including case chronologies being kept up to date on children's files to maintain a clear record of significant incidents, themes and patterns in children's lives.	A8	Aid hour audit recommended (4.14 - 4.18) : Training needed to ensure consistency of recording as there is a wide variation on how, when and where SWs update case notes/chronologies/visits etc	May-18	January 2019	Audits to confirm that case records are up-to-date and comprehensive, including chronologies	RG/ZD	CP	August: the new training offer will be in place post tender in October. In the interim, the team managers will run a session in October to gain consensus on recording.	Amber

The experiences and progress of children looked after and achieving permanence									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 3: Ensure that permanency planning records include a record of decisions about legal permanence for children, along with the rationale for these decisions.	4.6	Draft child/language friendly version of process which will be led by practioners and IRO	May-18	Dec-19	CYP able to articulate understanding of why decision is made re. permanence	RL/RdP	CP	August: every permanency planning record includes a decision about legal permanence and rationale as per the Ofsted recommendation - this is fully embedded. The relevant process that needs desribing is the long term foster matching process. Returning service manager to take forward.	Green

The experience and progress of Care Leavers									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 4: Expedite the provision of health histories for all care leavers	7.1	Social workers and health staff to be briefed via team meeting and LAC/CL Service Improvement Group on use of Health Passports and how they need to be used as a tool as part of on-going casework. Kept in as needs to be audited to evidence impact.	May-18	Nov-18	1) All Care Leavers are able to clearly articulate how it is used to assist their healthcare	RG	CP	August: All young people who turned 18 have been given their health histories (CIC nurse audit August 2018). Returning service manager has a teleconference booked with the CIC nurse on 4 September, to ask her to report on health histories quarterly. This complies fully with the ofsted recommendation. Returning service manager will review the use of health passports and consider usage going forward.	Green
	7.2	QA report to be undertaken by Anna Jones CLA Designated Nurse to evidence this is embedded in practice and that CYP understand the purpose of their individual health records and are encouraged and enabled to use them as a useful running record of health and health care.	May-18	Nov-18		PD	August: Returning service manager to meet with Anna Jones to follow through this action.	Amber	
	7.3	Annual Consultation to include a question to determine impact of health histories for care leavers. Kept in as audit in 7.2 should also cover.	May-18	Nov-18		RG	CP	August: returning service manager has asked for this question to be on the 2019 annual consultation, and that it be worded in a way young people understand.	Green
Ensure that Pathway Plans are shared with care leavers (Paragraph 55)		Build requirement into Practice Standards. Management sign off of Pathway Plan to be undertaken on the basis that the plan has been shared with young person. Audits to monitor compliance and quality as per QA strategy.	May-18	May-18	All young people are able to evidence that they have a Pathway Plan that they have signed off. Audit to evidence compliance in this area.	RG	CP	August: All young people who turned 18 have been given their health histories (CIC nurse audit August 2018). Returning service manager has a teleconference booked with the CIC nurse on 4 September, to ask her to report on health histories quarterly, to ensure we sustain this level of service.	Green