

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:	Jan-19
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	February 2019	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	January: following full review of MASH and review of pan-London MASH arrangements, we are now considering whether we need MASH in the City. We are consulting with our health and police partners and presenting paper to the CHSCB board on MASH arrangements.	Amber
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	January: Multi Agency audits in January 2019, and audits in October 2018 undertaken on Early Help cases were largely outstanding, with excellent multi agency working. MASH update needed.	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	January: practice standards have been updated to mention Family Group Conferences for all cases. Note: a family meeting can be chaired by the early help/social worker where agreed by a manager, rather than contracting this out. A short assurance report was to be presented to the CSIB in December, but this meeting was cancelled. The report can go to the next CSIB. Ofsted annual engagement letter found that the systemic practice training was good evidence of the think family approach.	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	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. Presentation made to OFSTED on this research. January: No issues raised by early help/other audit in November 2018. Systemic practice training will help build confidence in working with similarity and difference.	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	January: Multi Agency Audit January 2019 showed good strong multi agency working with good information sharing. Team managers routinely check for agency input when signing off assessments. MASH review January 2019 will check on information sharing. Ofsted Oct 2018 found our health information sharing for care leavers was sensitive, timely and well supported by social workers.	Green

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	January: Staff have received training on radicalisation. E-training for staff on modern day slavery is available, all staff attended a briefing on modern day slavery in November 2018. Additionally some attended a conference on Modern Day Slavery run by the diversity networks in October 2018. This will be followed up with a short briefing to staff at team meeting in October. All care leavers have a risk assessment on file. Training records need to be updated.	Completed
	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	January: Ofsted visit in October showed positive feedback on our use of risk assessments, with recommendation for developing risk mitigation strategies in a clearer way. Risk assessments are in place for all care leavers. There is not consistency across all other cases as yet. A revised pan London CSE risk assessment is to be introduced in February 2019 with the service.	Green
	1.6b	Guidance to be developed re risk assessments and referral pathways to Channel and NRM	May-18	Mar-19	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	January: Ofsted Oct 2018 were positive about our use of risk assessments and found risk management was good. Ofsted recommended more specific risk mitigation, and this work is now amber. 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 by March 2019.	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, and were last updated and shared in September 2018. Next refresh due end February 2019.	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	Mar-19	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 updated practice guidance	RG/JH/SA	CP	January: Information from the charity 'missing' has been circulated to the team. The practice standards were refreshed in September 2018 on 'missing' and good practice with care leavers. The Service Manager has chaired missing strategy meetings to have oversight. 'Missing' was considered at the Vulnerable Adolescents Forum on 11 January 2019 and health agencies added in suggestions to update the guidance. The protocol will be refreshed by March 2018.	Amber
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	January: The last Vulnerable Adolescent Forum (August) asked partners to share information to build our wider profile, so we can address any risks identified. The data collection around vulnerable adolescents is good, and the draft City of London profile due to be presented at the next CHSCB board. We are considering anonymising our care leaver risk assessments to feed into this profile.	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	January: Service manager met CoL police and Education lead on 19 September, looking at pan london work on data sharing with schools after an incident of domestic abuse. CoLP can use CoL Children's Social Care secure email to let schools know when there is an incident of domestic violence. Additional safeguarding education work is further underway.	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	January: Police lead at MASE/VAF has regular contact with BTP. BTP data is sent directly to our data analyst for children's services. 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	January: The City of London police tested hotel awareness by sending in cadets to test out their practice. On the spot training was offered. A conference is planned for the new year 2019 to share evidence and train hotel staff.	Completed
	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	January: Service Manager has attended Hackney's Contextual Safeguarding Board. We are going to peer review our vulnerable adolescent work with another LA in September 2019. Our VAF profile is being presented to the CHSCB board. Service Manager to visit another MASE in this quarter.	Completed
	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	January: MASE/VAF is routinely now well attended and has been taking place bi monthly since August. Commissioning attended the last session and will be presenting their work on youth services and safeguarding at the next session, to evidence risk management and intelligence from our new array of youth services. This was a gap we identified in October 2018.	Completed
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	January: Systemic social work programme in place. Introductory session with staff to be held on 16 January 2019. Next service improvement plan for 2019/20	Completed
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	January. Work has further developed over the last quarter. The Team Manager Job Description has been updated in line with KSS and social work JDs are next. Oversight of the work and progress with the KSS is in place, with the last monitoring meeting taking place in early January 2019.	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	January: SMART training has been undertaken by all staff. Audit and Ofsted (in October and November 2018) found that pathway plans could be SMARTer. A consultant is working on a review CIN and review pathway plan system, to improve the 'SMART' planning and offer additional management oversight. She is using the signs of safety model in this work.	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-19	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	January: Much work has taken place to improve performance. The IRO/CP chair ran staff/manager training on 19 September 2018. The topic was on our management meeting agenda on a monthly basis September - December, with managers aware that this is a key performance area to achieve change across the workforce. Ofsted in October recommended that plans could still be SMARTer. An independent consultant is chairing CIN reviews and pathway plans in January - March 2019 and writing a new process to boost management oversight and embed improvement.	Amber
	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		January: SMART training has taken place. All CIN reviews are being independently chaired in January 2019 to boost SMART dynamic work, and managers will chair the reviews in the future, to improve SMARTness and oversight.	Green
	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	January: early help audits showed good timely closure . There was evidence on audit of one case drifting, the audit led to improvement work. Getting to outstanding meetings are being held monthly and offer an additional level of oversight.	Green
	2.3a	Review of case closure process for practitioners 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	January: no barriers to closing cases due to IT systems, good work has been done with new IT provider Agylisis - more responsive than previous service.	Completed
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	Mar-19	Supervision is a dynamic process that improves and informs the journey of the child, young person and their family.	RG/JH/SA	CP	January: as August 2018 there are two team managers job sharing, supervision was not consistent with team manager's leave/illness. Audit and Ofsted in Oct/Nov 2018 showed supervision quality and frequency needed to be improved. The Supervision Policy is being reviewed with clear guidance for frequency and expectation of supervision (before March 2019). The systemic practice model will offer support to supervisors.	Amber
	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	Mar-19	There is consistency in the supervision process for practitioner and manager that aids planning. Internal and external audits to measure.	RG/JH/SA	CP	January: template used was 'signs of safety', but quality not consistent. Audit showed inconsistency in quality and frequency of supervision of social work staff (October 2018). Ofsted also found work needed in supervision of social workers to consistently demonstrate reflective, analytical supervision and clear management oversight. There have been changes in team managers, and the guidance is being refreshed so that staff are clear on expectations. The supervision policy is being updated and reviewed using the signs of safety model. This is in advance of systemic training for all supervisors in April 2019.	Amber

	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	January: the first group supervision took place on 2 January 2019, and will be offered at least monthly. This is in advance of the systemic practice training in April. It is expected that this group will evolve with the learning from the programme, and with the appointment of a (very part time) systemic practitioner.	Completed
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 for 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	January: The new VSH is well established, and has met with care leavers at the CiCC, chaired PEPs. All care leavers are in work or education. The VSH is presenting the annual report for the last school year to boards. Feedback from Ofsted 2018 found there is a 'strong and consistent determination to ensure care leavers are in EET.	Completed
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	January: this is in the practice standards. One young person has been near exclusion, and a LAC review was held in the middle of discussions with college. The VSH has been involved in working with the young person around improving education.	Completed
Given our current cohort of children looked after 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	January: new VSH in post, with experience of UASC and education. Adult Education offers additional opportunities. Our young people would benefit further from more work shadowing, practice interviews. The VSH is working with our education department to include care leavers in their work experience week.	Green
	2.7a	New VSH to develop specialist knowledge of UASC and ESOL to ensure they are 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	January: new VSH is well experienced in UASC and ESOL, and has met with care leavers at PEPs and CiCC. Annual consultation will happen in the next quarter.	Green
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 guidance 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	January: new VSH in post, there is now an introductory ESOL programme that starts when new UASC arrive.	Completed
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. The tender was not successful, and learning opportunities will need to be found elsewhere. Staff must not advise our care leavers around their asylum applications, but do support young people to ensure access to timely legal advice. Ofsted found SW understanding of UASC experience was strong.	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	January: the new placements officer is in post. A strategic placements group has been set up to offer challenge and scrutiny of placement arrangements and moves. First meeting 16/1/2019	Completed
	2.9b	Until City Placements officer post recruited to, all placements to be coursed through Pan London arrangement. Any necessity to go outside 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.	Completed

Priority 3: Independence, involvement & 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 exercise 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 their 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	January: 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. Ofsted October 2018 found we need to be more explicit about young people's voices in pathway plans. MOMO app has now been introduced to support young people in sharing their views. Pathway plan reviews are being chaired externally with young people in January/February to boost practice and to make recommendations for the future.	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 incorporated and their voice heard.	RG	CP	January: practice standards were updated to this effect in September 2018. Ofsted Oct 2018 recommended that the more explicit and consistent demonstration of young people's involvement in preparing their pathway plans. ● All young people are having an independent chair of their pathway plan reviews in January and February 2019, to strengthen SMART planning and to improve timeliness. A new process is being drafted to improve independent oversight of pathway planning.	Green
	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 Performance development Appraisal frameworks now have specific outcomes linked to adhering to statutory timescales/requirements of assessments, plans and reviews. Performance management was needed to boost timeliness of plans. January: External chairing of reviews for January/February 2019 is ensuring that pathway plans remain timely.	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. They liked it and did not want to make any changes.	Completed
	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 consultation will confirm this.	RG/SA/JH	CP	January: SWs are aware of and promote the current pledge. The IRO has confirmed this in every case (see July report). The CiCC reviewed the Pledge in Summer 2018. They did not want any amendments but valued the opportunity to revisit it.	Completed

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	January: views are formally gained at CiCC reviews. The review forms were redesigned by the IRO, to make them more accessible. MOMO 'mind of my own' app is now in place. In addition, our young people have co-produced our info for care leavers at October CiCC.	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. All young people receive vouchers, expenses and lunch if undertaking work for the CoL.	Completed
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		January: corporate parenting strategy full updated. Care leaver offer co produced with young people.	Completed
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		January: The Regional CiCC is up and running.	Completed

Priority 4: Health and Wellbeing - Our children enjoy good health and wellbeing.

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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/liasion with CLA safeguarding nurse will monitor.	RG/JH/SA	CP	January: bookings are made in good time by our admin support. Since April 2018, all medicals were on time. Admin now chase the report to ensure it is on file within 2 weeks.	Completed
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	January: every care leaver has their health history. Service manager meets CLA safeguarding nurse quarterly. Health report written for the Ofsted October inspection. Health findings very positive in the Ofsted letter October 2018, and found our The availability of the designated nurse for advice and consultation after they reach 18 years old enhanced the health provision.	Completed
	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. January: A one page health audit was prepared and shared with Ofsted in October 2018. To measure progress the LAC nurse will audit 2 CoL cases and will provided a report on her audit.	Green
	4.2b	GPs and Practice Nurses to routinely use the health histories and enter all relevant informaton 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	January: 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. Service review with the CLA nurse shows that all health histories are sent to the GP of the young people.	Completed
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	January: 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 was written in October 2018, and Ofsted commented on this being a strength in their report.	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	January: 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. Ofsted commented that feedback from young people showed they were able to rely and talk with their social workers.	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	Mar-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	January: starter discussions have been had with commissioning. Provision not yet in place.	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	January: SWs are good at seeking to understand the culture of the young person from listening to them. Staff to attend the cultural awareness training with the CHSCB this term. A strength is that an FGM/faith specialist social worker has joined the team. Systemic training will also help cultural competency and awareness of self. This work is ongoing and critical. Our staff team is now more diverse, but we do not reflect the backgrounds of our service users.	Green

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. January: early help audits show strong work. New Early Help Co ordinator in place.	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	January: training took place in September 2018 with staff and managers. Work still not consistently SMART. Independent chairing of CIN/pathway plans taking place between Jan-March to improve SMART planning.	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	January: training took place in September 2018 with staff and managers. Work still not consistently SMART. Independent chairing of CIN/pathway plans taking place between Jan-March to improve SMART planning.	Green

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	January. New Child in Need process has been submitted, which includes Team Manager's chairing the first and third CIN reviews, to keep work on track.	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	January: chronologies completed on all cases. This needs to be embedded as we had to bring a short term worker in to do this piece of work. Staff struggled in the summer with the arrival of extra UASCS. We have recruited an additional worker to hold new UASC cases, pending transfer nationally.	Green

	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	January: there were a few cases of drift in the November audits. There is a tight monitoring of work and cases have progressed. All CIN and pathway plan reviews are being chaired by an independent social worker to boost capacity and quality. The worker is writing a process to provide more stringent oversight.	Green
Research on neglect linked to affluence draws on practioner experince and identifies strategies and practice methods to address non engagment 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 liklihood of successful engagement and intervention leading to better outcomes for C&YP.	RG	CP	January: a group session was run to look at the research. Audit of cases did not flag affluence as a means of case delay. This area of work will be strengthened by systemic training.	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		January: Workforce development officer has deployed a matrix to develop a needs analysis, this was used to put out a tender.	Completed
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/chronolgies/visits etc	May-18	January 2019	Audits to confirm that case records are up-to-date and comprehensive, including chronologies	RG/ZD	CP	January: session was run in team meetings around chronologies. As November 2018, all cases had a chronology. Case recording varies in quality across the workers.	Green

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 legalpermanence 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	January: 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:
	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		RG	CP	January: All young people who turned 18 have been given their health histories (CIC nurse audit August 2018). A one page health paper was written in October 2018 and evidences health history provision. This was recognised as strong in the Ofsted November 2018 report.	Completed

Ofsted recommendation 4: Expedite the provision of health histories for all care leavers	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	1) All Care Leavers are able to clearly articulate how it is used to assist their healthcare	PD		January: the IRO has a standard question on her CLA reviews about receipt and understanding of health histories.	Completed
	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: 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.	Completed
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	January: this is in the practice standards. We have enhanced this provision by having an independent social worker chair CIN and pathway plan reviews with young people. MOMO app can be used to gain young people's views into the pathway plan.	Green

Ofsted letter from their focussed visit on Care Leavers, October 2018

Recommendations for improvement:

Risk assessments to more clearly articulate measures to address and minimise risk.
The more explicit and consistent demonstration of young people's involvement in preparing their pathway plans.
The supervision of social workers to consistently demonstrate reflective, analytical supervision and clear management oversight.
Management decision making clearer written rationale on accommodation moves
Pathway plans are not always being consistently reviewed when young people's circumstances change, for example a change in their living arrangements.
The local authority is aware of the need to strengthen the voice of care leavers on the local authority's safeguarding subcommittee, which fulfils the role of the corporate parenting board.

Recommendations and actions are in the body of this service improvement plan, listed here for clarity.