

<b>Name:</b>	Children's Social Care and Early Help Service Development Plan		
<b>Duration:</b>	April 2019-March 2020		
<b>Relevant Strategies</b>	Corporate Parenting Strategy/Early Help Strategy/Young Carer's Strategy/Children & Young People's Plan		
<b>Board responsible for monitoring action plan:</b>	Safeguarding Sub Committee/CSMT/DLT		
<b>Owner:</b>	Service Manager Children's Social Care and Early Help - Rachel Green		
<b>Implementation Date:</b>	Sep-19		
<b>Review Date:</b>	Jan-20		
<b>Frequency of monitoring/reporting</b>	Quarterly		
<b>Aims:</b>	The aim of this plan is to improve services for children, young people and their families.		
<b>The plan is created with ideas from young people, staff, professionals and research:</b>	Young people (Action for Children) Children and Young People's Plan IRO Annual Report Staff development action plan Staff workshop/survey/feedback Adolescent safeguarding self-assessment MACE-VAF Equalities Self-Assessment MH action plan Internal Audit Strategic Placement Group Moving to Excellence Board Ofsted 2016 & 2018	Carers strategy CAF/CASS strategic meetings LAC-CL development group SEND inspection findings & action plan The Partnership Board (CHSCB Safeguarding Adolescents' Strategy) National Research Director & Member visit feedback QA Annual Report Multi Agency Case Audit (Partnership Board) City Youth Forum Service Area Commissioning Meetings Data dashboard	
<b>People involved in delivering the plan:</b>	Rachel Green Heather Smith Amanda Morres Sadie Carnegie	RG HS AM SC	Service Manager, Children's Social Care and Early Help Team Manager Children's Social Care Deputy Team Manager Children's Social Care Early Help & Short Breaks Lead
The plan is structured to follow the Children and Young People's Plan 2018-21			

Section	Ref	Specific aim:	Action:	Measure/outcome:	Due	Lead	Comments:	Green
<b>Safe</b>	1	All families have a clear reason for involvement in CIN process (Action for children)	Recruit DTM to chair first CIN meetings	Family feedback following first CIN planning meeting	Oct-19	RG	Sept: DTM in place, SM chaired first CIN meeting of most recent case.	Green
	2	Young people (care leavers) feel confident and able to manage their safety in their neighbourhoods (Action for Children)	Personal safety and managing risk in local area to be covered in keywork sessions and pathway plans	1. Audit of pathway plans show personal/locational safety discussed  2. Action for children shows YP better prepared re local risk.	Nov-19	RG	Nov: local safety and with IFAs local safety discussed. Safety session booked with Safer London CiCC in February half term.	Green
	3	Staff to have been on refresher contextual safeguarding training (QA Annual Report)	All frontline staff/managers to book on contextual safeguarding training.	Workforce development list evidences attendance.	Dec-19	HS	All permanent staff have had training.	Green
	4	Sir John Cass School to be confident on making a good quality referral (QA Annual Report)	Face to face meeting with Head of School.	1. Managers' Meeting Notes record this has taken place.  2. Audit shows good quality referrals from Sir John Cass School.	Oct-19	HS	Chris Pelham and Theresa Shortland have been to meet the head at Sir John Cass. No new referrals from the school.	Green
	5	Review triage of applying thresholds to tier 3/4 intervention (QA Annual Report)	Process Map for deciding thresholds and which team to hold case.	Process map in place.	Aug-19	RG	Sept: step up step down process agreed and in use.	Green
	6	Referral and contact forms fully evidence reason for decision (QA Annual Report)	TM, DTM and EH Lead refer to threshold document when recording initial decisions.	November Audit evidences quality.	Nov-19	HS/AM/SaC	Jan: TM has been more thorough (evidenced in audit) in decision making. New DTM is having induction on recording decisions.	Green
	7	Review the practice of, and guidance for, assessment planning and oversight (including s47 enquiries) (QA Annual Report)	TM and DTM further develop practice standards regarding s47 and assessment planning.	Practice Standards updated.	Dec-19	RG	January: practice standards have been updated and refreshed - these are now in the form of a practice handbook. A one minute guide to s47 is underway (3 page document in place)	green

	<p>8 2019 Vulnerability Profile to be developed (Adolescent Safeguarding SEF)</p>	<p>1. City Police to update the Vulnerable Adolescents Profile to reflect available intelligence (including City Drugs Profile) and progress against 2018 recommendations</p> <p>2. A Contextual Safeguarding Assessment of the Square Mile to be completed bringing together intelligence from the VA Profile, City Youth Forum, Community Safety, Neighbourhood teams &amp; intel from neighbouring LAs.</p>	<p>1. A completed profile that clearly distinguishes between City residents and non-residents.</p> <p>2. The profile is used across the partnership as an effective tool to improve safeguards and shape services</p> <p>3. A whole system understanding of the extra-familial risks and safety factors in the City</p> <p>4. A vulnerable adolescent action plan reflective of the findings</p> <p>5. Young People remain safe in the City</p>	Dec-19	RG/CoL P	<p>Vulnerability profile has been updated, it includes drugs profile and county lines.</p>	Green
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9	<p>Improve our response and service with children missing from care (Adolescent Safeguarding SEF)</p>	<p>1. Review application of missing form care procedures</p> <p>2. Review referral, conduct, recording and use of RHIs</p> <p>3. Commissioning to improve reporting requirement and contract monitoring of RHI provider</p>	<p>1. Social workers, managers, carers, provider and CiC have a shared understanding of what Missing means and what steps are taken safeguarding young people from going missing, when they are missing and when they return</p> <p>2. RHIs take place at the right time</p> <p>3. RHIs are reviewed by social workers and managers and inform safeguarding decisions</p> <p>4. RHIs are effective in keeping CiC safe</p> <p>5. RHIs are conducted according to requirements</p> <p>6. Barriers to achieving this are understood and addressed</p>	Sep-19	RG	<p>Jan 2020: Data shows good use of RHIs. Missing from care procedures have been updated. Contract monitoring has required data. Director and Service Manager have met with Action for Children on quality and timeliness of RHIs.</p>	Green
10	<p>Improve the support for vulnerable women and girls (Adolescent Safeguarding SEF)</p>	<p>In addition to the work on healthy relationships in education across City Schools, specialist support for resident women, girls and children at risk of violence and abuse needs to be agreed as part of the new VAWG strategy that is currently under development.</p>	<p>CYP exposed to or at risk of domestic violence and abuse within their families or in their own relationships receive effective specialist support to be safe and heal as needed</p>		RG	<p>Jan: VAWG strategy has been updated. This action is being led by the VAWG Board.</p>	Green

11	Confidence with online safety (Adolescent Safeguarding SEF)	<p>1. New members of the Children's Social Care and Early Help Service are introduced to and make good use of the Safeguarding Children in the Context of their Access to Technology and Use of Social Media strategy and handbook</p> <p>2. City Police to improve their awareness of social media platforms being used to exploit vulnerable adolescents to better identify emerging patterns/trends</p>	<p>1. Practitioners are equipped with the knowledge and resources to identify and respond to risks related to CYP's access to technology and use of social media. Review at MACE.</p> <p>2. Police can better detect and prevent abuse and exploitation of CYP online. Review at MACE.</p>		RG	Jan: practitioners and managers are booked on to CHSCP conference on online safety. Vulnerable adolescent profile includes online context.	Green
12	Children who are neglected in affluent families are identified and safeguarded (CAFCASS meeting, PSMT & affluent neglect research)	<p>1. Affluent neglect research is shared and discussed at a team meeting.</p> <p>2. Affluent neglect research shared with CAFCASS &amp; CAFCASS representative invited to team meeting for discussion.</p>	<p>1. Minutes show discussion.</p> <p>2. Team calendar to have CAFCASS &amp; Affluent Neglect research listed.</p>	Feb-19	RG	Jan 20: Affluent neglect training given to Education and Early Years team and social care and early help team. Referenced in casework. Research shared with CAFCASS.	Green
13	Contextual safeguarding to be a part of every risk assessment (Aidhour)	Refresh risk assessment tool and pathways in respect of contextual safeguarding		Sep-19	RG	Jan 2020: Data shows good use of RHIs. Missing from care procedures have been updated. Contract monitoring has required data. Director and Service Manager have met with Action for Children on quality and timeliness of RHIs.	Green
14	Children and families have a timely focussed experience within pre proceedings PLO work (QA assurance report Aug 19)	Each PLO case to be tracked via Permanency Tracking Meeting.	Audit shows work with families is purposeful and timely. Length of cases is owned corporately on the needs of the child.	Oct-19	RG	Sept: standard PTM agenda updated	Blue

15	Young people get the best YOS service, to reduce risk of offending <b>(Service area commissioning meetings &amp; YJB)</b>	Explore wider YOS service providers & review their effectiveness, to decide who to commission. Review specification for the YOS.	Procurement is complete and YOS (either same provider or new) is in place.	Dec-19	RG	Jan: contract in place for one more year.	Green
16	Services with children at risk of exploitation have good quality data informing their practice <b>(MACE/VAF)</b>	To work with data team to reestablish data being available (with new data team) for every MACE/VAF meeting, with analysis of trends and patterns.	1. Minutes of MACE/VAF evidence data usage.  2. Data analysis is presented in the City's Vulnerability Profile.	Mar-20	RG	Jan: performance data has been missing from MACE/VAF from children's social care whilst systems improved. Performance have been invited to next meeting.	Amber

Section	Ref	Specific aim:	Action:	Measure/outcome:	Due	Lead	Comments:	Green
<b>Potential</b>	1	Young people (care leavers) to have practice opportunities managing finance (in addition to individual keywork sessions) <i>(Action for Children)</i>	To look at training and practice options for running a home, beyond keywork sessions.	To have a clear scheme in place	Oct-19	RG	Jan: this is being partly pursued via keywork sessions, needs more development, IRO is leading.	Amber
	2	To build expertise in direct work that supports resilience and wellbeing <i>(QA Annual Report)</i>	1. Systemic practitioner to support, coach and teach direct work skills.  2. To support before, during and after visits.	1. Systemic practice review evidences input.  2. Audits show effective direct work.	Mar-20	RG	Jan: systemic practitioner very well used, good direct work seen with the practitioners. This needs to be improved and training sessions are booked in in February.	Amber
	3	Improve the timeliness and quality of age assessments <i>(Adolescent Safeguarding SEF)</i>	Phase out use of current contractor and train all social workers to age assess inhouse.	1. Age assessments to be completed in 6 weeks of arriving in City.  2. CYP are safeguarded, asylum seekers receive age appropriate support and services and resources are well distributed.	Nov-19	RG	Sept: staff booked on to training, 2 staff are mid age assessment. Poor performance notice service on our current contractor.	Green
	4	Develop identification and response to adolescent neglect <i>(Adolescent Safeguarding SEF)</i>	Bespoke training to be arranged for social worker and consideration to be given to rolling this out the Education Safeguarding Forum	Agencies recognise signs and symptoms of adolescent neglect and know how to respond. CYP are kept safe & families supported.	Feb-20	RG	Jan: needs follow up, needs to fit within intense training plan for staff. Suggest in new financial year.	Amber

5	Pathway plans are written with the young person, and include health, keywork and educational input post 18 <b>(Review of Pathway plan process)</b>	Invite & consult prospects (Kim), health, education and keyworkers to each pathway plan review.	Audit in January shows multi agency contribution.	Jan-19	HK		green
6	Members are well trained as corporate parents <b>(Members request)</b>	Provide formal training, with resources that can be stored and used again.	Committee minutes evidence training took place.	Oct-19	RG	Jan: training completed in the last quarter.	Blue
7	That each care experienced young person has a champion in the Corporation. <b>(CIC/CL development group)</b>	Care experience development group to explore how to best pursue the idea of champions, and put a paper to CSMT about how to make it happen.	1. Paper was presented to CSMT. 2. Champions to be invited & every young person has a champion.	Oct-19	RG	Jan: this is still work in progress. VSH taking this forward.	Amber
8	Young people have timely age assessments that are of good quality <b>(Service area commissioning meetings &amp; service feedback)</b>	1. Work with commissioning to issue poor performance notices/speed up work using commissioned providers. 2. Use a mixed model of ISW/internal social workers able to conduct age assessments whilst the rest of social workers are trained.	1. All age assessments are completed within 28 days of age being identified as a concern. 2. Training and development records evidence all frontline social workers trained in age assessments.	Sep-19	RG	Jan: age assessments are now being undertaken by team and the remaining are going on training. Poor performance notice issued to current provider. Team (bar one) are trained to do this work.	Blue
9	Staff team are up to date with home office & best practice with UASC <b>(Service &amp; team manager)</b>	Team manager to attend LASC meetings, and use knoweldge in 121 and team meetings. DTM to attend in TM absence.	121 record of TM evidence attendance & discussion. Team meeting notes evidence input from LASC/home office.	Sep-19	HS	Jan: TM attends LASC meetings and training.	Green



	<b>10</b>	Care leavers have access to internships (Service manager & DFE internship offer)	Share details of the DfE internship offer and promote with managers.	CiC/CL development group evidences review of consideration of internship offer and if it is suitable for any YP.	Sep-19	RG	Jan: details emailed to team. YP want further work opportunities and are frustrated by ESOL.	Amber
	<b>11</b>	Care leavers have access to internships (Service manager & DFE internship offer)	Review any immigration barriers to internships/apprenticeships and formally raise access to services as an equalities issue with DLT & equalities lead.	DLT minutes evidences structural inequality raised (if found).	Dec-19	RG	Jan: Town Clerk and Director DCCS met CiCC young people who were clear that they struggle with having to do so much ESOL before being able to work.	Amber
	<b>12</b>	Young people in care and care leavers know what they are entitled to. Staff are confident on entitlements (Service Manager & CiCC)	Send current entitlements sheet to all CiC/CL and to their keyworkers.	Case notes show this has been sent	Sep-19	RG	Jan: this is on our website, has been sent to tenancy support & our keywork providers. Is being taken by SWs to young people on visits.	Blue

# Independence, involvement & choice

Section	Ref	Specific aim:	Action:	Measure/outcome:	Due	Lead	Comments:	Green
	1	Capture feedback from children and parents in CP process <i>(Action for Children)</i>	Review feedback options. Capture MOMO feedback)	One page assurance report to CSMT October	Oct-19	HS	Jan:	Green
	2	Leaving Care Guidance booklet to be used by young people <i>(Service Manager)</i>	Leaving care guidance to be shared with keyworkers, fostering agencies, young people & referred to in CiC reviews and visits)	1. Action for children 2020 survey shows good use/knowledge 2. IRO report 2020 shows good use and knowledge	Aug-19	RG		Green
	3	Young people use their pathway plans <i>(Action for children)</i>	Recruit DTM to chair post 18 pathway planning meetings.	Audit of pathway plans show multi agency use and involvement	Nov-19	RG		blue
	4	Every young person knows about advocacy service <i>(Action for children)</i>	DTM writes practice standard on advocacy service.  Info into a welcome pack.	1. Welcome pack includes info on advocacy service 2. Recorded in CiC/CL service improvement group minutes	Dec-19	HS		Green
	5	Clear options publicised for older children with SEN <i>(Action for Children)</i>	Conclude the commissioning process for short breaks & share services on offer.	Local offer page to list services available.	Oct-19	SaC	Sept: process complete. Info needs to be published.	blue
	6	Short break guidance entitlements to be published <i>(Action for Children)</i>	Once agreed, short break guidance to be translated into Easy Read.	Easy read short break guidance to be published in pamphlet form and on web.	Oct-19	SaC	Sept: process complete. Info needs to be published.	blue
	7	Welcome pack to include the purpose of different meetings, photos of workers and their roles <i>(QA Annual Report)</i>	1. Photos and short role descriptions to be collated  2. Short description of PEP/Pathway Plan/medical/health history/CiC	Printed packs available	Sep-19	RG		Amber

8	Strengthen Equalities and Inclusion (Equality & Inclusion SEF)	Monitor consultation, engagement and involvement activities/events by protected characteristics	CiCC meetings, annual celebration, annual survey and audits are monitored in respect of the protected characteristics	Oct-19	RG	Jan: in place	Green
9	Review and broaden Short Breaks Offer (SEND inspection 2018)	Finalise Short Breaks Statement and Guidance	1. Guidance and offer are on CoL's website.  2. Easy read booklets are in print available for families	Sep-19	SaC	Jan: statement & offer agreed. Has been translated into easy read and on website.	blue
10	Strengthen service with SEND (Service Manager)	Complete short break commissioning with LB Hackney, to provide comprehensive offer	There is a list of activities that is accessible for parents to use	Sep-19	SaC	Sept: Sadie has completed commissioning work, is visiting successful providers in September.	blue
11	Children and Young People have a say in the service they access (Principle of Co production)	Mind Of My Own app usage is promoted in 121s, team meetings and via IRO/CP chair	CiC/CL development group receives data to evidence usage on a quarterly basis	Sep-19	RG	Jan: IRO promotes.	Green
12	Care experienced young people are fully aware of our pledge (Action for children)	The pledge to on managers' meeting timetable twice per year. Managers to use pledge in 121.	Meeting minutes evidence discussion. Audit shows use of pledge in 121s	Jan-19	RG	Jan: on meeting agenda	Green
13	Care experienced young people are fully aware of our pledge (Action for children)	The pledge to on team meeting timetable twice per year to raise profile	Social work visit write ups show use of pledge. Action for children survey 2020 shows care experienced young people know about the pledge	Mar-20	HS		Amber
14	Young people in care and care leavers know the names, roles and faces of all social care staff, as there have been staff changes (CiC/CL development group)	1. Create a one page sheet of staff roles and info. Send out with entitlements sheet.  2. Translate the staff sheet into our main languages.  3. Add the staff sheet to welcome bags.	1. Case notes show this has been sent  2. Case notes of any new CiC show this has been given.  3. A check of the bags in the social work team cupboard evidences this.	Sep-19	RG	Jan: needs translation	Amber

	15	All children accessing any part of our service to be able to access an advocate on their behalf if they require this <i>(Service Manager)</i>	Extend contract with Action for Children to include CIN/CP children.	Contract variation in place.	Dec-19	RG	Jan: commissioning are progressing this following social care/commissioning service meeting in Jan.	Green
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<b>Health &amp; Wellbeing</b>	1	Improve mental health and wellbeing of UASC looked after children (Adolescent Safeguarding SEF/CiC & CL Service Improvement Group)	In recognition of the significant trauma, separation and loss experienced by UASC and the challenges to securing mental health services across all LAs and CCGs, the City needs to progress plans to reinstate and develop their arrangements with Hackney CAMHS to provide an extended service that covers all consenting UASC with a baseline assessment and or look at what an excellent service provision would look like.	1. The mental health and emotional wellbeing of UASC in care is better understood and supported  2. UASC in care receive equal access to an initial assessment irrespective of their placement location	Aug-19	RG	January 2020: Service Manager had worked with Hackney on a proposal ready August 2020. Director decided against that proposal and has sought a new option via Coram/Tavistock. Joint meeting held early January. Awaiting a proposal. Tracked in monthly commissioning/service manager meetings.	Amber
	2	Children In Care Council knows about mental health support (PSMT)	Invite Clare Yassin (MH Clinical lead) to meet the CiCC and discuss support available.	Minutes to show input, and discussion with young people.	Nov-19	RG	January 2020: overall health session has taken place. Mental health session is booked in for the February half term.	Blue
	3	All looked after children and care leavers have their birthdays acknowledged by the Lord Mayor and social work team (Lead member & director feedback)	Team support officer provides two addressed cards for the Lord Mayor and social worker to write in and sign, and send for every child looked after and care leaver.	Team support officer log evidences posting. Social work visit notes reflect birthday celebration.	Aug-19	RG	Sept: system in place.	blue
	4	Semi independent accommodation is safe and of good quality (national review/strategic placement group recommendations)	SWs and TMs report on quality of placements to commissioning & QA. SM to oversee with strategic placements group.	Strategic placement group minutes evidence staff reporting around quality.	Aug-19	RG	current and ongoing. CIC CL meeting agreed to survey YP on placement stability and a QA review of the placement breakdowns.	Green

5	Semi independent accommodation is safe and of good quality (national review/strategic placement group recommendations)	EDT are reminded of the agreed placement list and reminded about providers not approved.	No young people are placed by EDT with non approved providers	Sep-19	RG	Sept: 2nd reminder to EDT to use only preferred providers.	Green
6	Children in care receive timely good quality health provision overseen and monitored by LAC Health provision (CiC/CL development meeting)	1. Ensure quarterly health reports the impact of nurses reviewing and owning LAC health medical actions on City CiC health are provided. 2. Review health reports at the CiC/CL development group.	1. CiC/CL development minutes reflect CiC health report discussions. 2. One page health assurance report to CSMT	Dec-19	RG	Sept: on agenda for CiC/CL group agenda. Nov: foster carer got lost (Bajram Sela) and Ansu Kallon (due 27 Sept/happened 10 Oct)	Green
7	Children in care fully understand medical intervention (Director)	Face to face interpreters are booked for any operation. Practice standards are updated to show this.	Children's files show a face to face interpreter was booked and used.	Sep-19	RG	Sept: one YP had interpreter for planned op. Doctor impressed and happy with provision. Op cancelled due to NHS staff shortages. Will rebook face to face interpreter when rescheduled.	Green
8	Young people have a choice of support services, including wellbeing (Feedback from MH steering group)	Arrange access to the Clinical Service, Hackney, which will give a range of therapeutic input options across all levels of need, if open to children's services in City.	Commissioning arrangements in place. Contract list evidences this.	Nov-19	RG	Jan: See action 1 above.	Amber
9	Young people have a choice of support services, including wellbeing (Feedback from MH steering group)	Arrange care experienced young people have access to UASC specific group wellbeing work, hosted in the City.	Commissioning arrangements in place. Contract list evidences this.	Nov-19	RG	Jan: See action 1 above.	Amber

10	Support and advise UASC young people in our care in their asylum seeking process (Service Manager)	Deputy and Team Managers to use their knowledge around immigration to support staff.	Case records evidence good immigration awareness, and evidence good use of advocates and lawyers.	Mar-20	HS	January 2020: Lead UASC social work in place. Team manager fully conversant in migration related work and participates in LASC monthly meetings. Audit evidences good timely work for young people.	Green
11	Care leavers will be supported to make use of their health histories in their pathway plan reviews (Service Manager)	Deputy Team Manager to use health history in post 18 pathway plan review meetings.	Audit shows reference to health histories in pathway plans.	Mar-20	RG	Gerturde looking at health histories MS, AT, TN.	Amber
12	Continue to improve our understanding of the cultural practices and lifestyles of the young people in our care (Service Manager)	1. Have a lead social worker for UASC. Use group supervision to explore the GRRAACCEEESSS. Promote cultural learning.  2. DTM to ensure culture and heritage are well explored in pathway plans.	Audit shows cultural competency	Sep-19	HK	Sept: Roxanne is the lead social worker for UASC DTM in place	Amber

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<b>Community</b>	1	To see if a learning hub for children with SEN is feasible (Action for Children)	SEND Co Production group to look at if a learning hub is a possibility in the City, if not, to link with another LA.	Co Production Minutes evidence discussion and outcome.	Oct-19	SaC/R G		Amber
	2	MACE/VAF to include wider community reach (Adolescent Safeguarding SEF)	1. Updated terms of reference to be finalised and shared.  2. Forum membership to be extended to include representatives from the Neighbourhood teams, community centre managers and public health.  3. Access problem profiles of neighbouring LAs	1. Remit, objective, governance and expectations of the forum is clear.  2. Effective information sharing, problem/solution identification, and impact as a result of having the right people around the table  3. The City is informed of risks on its border and agencies work across boundaries to prevent and safeguard CYP at the earliest opportunity	Dec-19	RG	Jan: TOR updated. Community reps & housing have been invited to MACE. Gangs profile of Tower Hamlets in place. Rory from Safeguarding Children's Partnership attended.	Green
	3	Community group safety (CiC/CL Service Improvement Group)	Contact the Refugee Council and LASC for intelligence on the Sudanese Centre in Shepherds Bush and follow up any leads.	Young people to be safe in community group.	Aug-19	RG	Jan 2020: this aim is now closed. Despite research there are no further leads. Work is being undertaken 121 and in the CiCC on location based safety.	Blue
	4	Strengthen Equalities and Inclusion (Equality & Inclusion SEF)	Undertake a service-level review policy & practice on the monitoring of service delivery by protected characteristic	To review what each service monitor (and by what protected characteristics) across their existing service provision	Mar-20	RG		Amber
	5	Strengthen Equalities and Inclusion (Equality & Inclusion SEF)	Set clear equalities targets/objectives, linked to team, service and Departmental equalities targets/KPIs via appraisal process.	KPIs met in commissioned services, equalities targets are reflected in appraisal.	Oct-19	RG		Amber



6	Strengthen service with SEND (Service Manager)	Service manager to be on mailing list for London SEND strategic managers & parent carer network.	Emails received. Management meetings evidence learning from the network.	Aug-19	RG	Jan: Rachel is on mailing list. Sharon C is going to the Network meetings on behalf of the City.	Blue
7	Strengthen service with SEND (Service Manager)	Team Manager to attend SEND panel, to share/develop learning.	SEND panel minutes evidence engagement & involvement. Audit shows good management oversight re: SEND.	Aug-19	HS	Jan: Now systemic classes have finished, Heather attending each. Audit show good oversight on SEND.	Blue
8	Strengthen service with SEND (Service Manager)	Social worker to be practice lead for children with disabilities	Team meeting minutes evidence lead. Audit shows strength of work with SEND.	Aug-19	HS	Jan: Georgina is the practice lead, November audits very good. Joint EEW & CSC & EH disability workshop in place 10 Feb.	Blue
9	To fully make use of the Mental Health Strategy, the Carer's Strategy, the Workforce Development Strategy, the SEND strategy, the sufficiency strategy, the health and wellbeing strategy, VAWG strategy, social wellbeing strategy, the Early Help strategy (DLT)	To provide updates on each of the actions set out in the corresponding action plans.	Action plans for each strategy evidence engagement and activity.	Sep-19	RG	Sept: Rachel provides updates to the 9 other action plans relating to the strategies the service is linked to.	Blue
10	To give every child known to our service the best start aged 0-4 (People Dept development)	Early Years Adviser to promote pilot of childcare affordability, to allow access for EH/CIN/CP edge of care.	EH/CIN/CP plans with children aged 0-4 show this.	Dec-19	SaC	Jan: Pilot has been agreed. Publicity will be out 27 Jan.	Green
11	Our children and young people grow up with a sense of belonging as part of cohesive and resilient communities (Service Manager & ideas following enrichment project).	Link with care leaver lead at the Barbican. Meet with Strategic Director for Education, Culture and Skills to generate ideas for our children in need)	Managers' meeting notes evidence link. New opportunities in place for all our children/young people.	Oct-19	RG	Jan: IRO is taking lead on linking with cadets, scouts and other leisure activities to promote wellbeing particularly when new to UK.	Amber

Section	Ref	Specific aim:	Action:	Measure/outcome:	Due	Lead	Comments:	Green
<b>System Development</b>	1	Audit process to be improved and support service development (Staff Feedback)	1. Service manager to share staff views, and seek to amend process so learning is manageable and sustained, reducing staff anxiety and to be aligned with systemic practice.  2. Professional judgment supported (staff feedback)  3. Confidence as a system around safety. Corporate risk management (staff feedback)	Audit framework reviewed.	Aug-19	RG	Jan 20: new audit cycle in place, which is proportionate to staff. Systemic clinical used well. Systemic day planned.	Blue
	2	Staff team share expertise and learn from one another (staff feedback)	Group supervision to run on a monthly basis. Pilot DTM to cover for TM where needed to ensure this runs.	Group supervision minutes/photos to be on shared drive.	Sep-19	HS	Jan: group supervision fully embedded. Formal minutes are purposefully not taken.	Blue
	3	Children and Families have cases reviewed from a lifespan perspective (People SMT away day 2019 & staff feedback)	People department group supervision to be booked in every other month.	1. Supervision notes show multi agency input.  2. Formal review of People Dept group supervision after 6 months	Sep-19	HS	Jan: one whole dept case discussion took place. This has not been sustained due to competing pressures and will be reviewed at PSMT.	Amber
	4	Strengthen culture of trust and support from senior leaders (Staff feedback)	Service manager, Assistant Director & Director to systemically review how to provide oversight and challenge.	Staff feedback shows clear understand of role, remit and decision making by senior managers.	Sep-19	RG		Amber
	5	To cover areas for team development in a manageable way that reduces anxiety (Workforce survey & service manager feedback)	12 month team meeting topic calendar to be created, to reference learning and development activities. Themes from audit feedback are covered in a manageable way.	A calendar is in place for the academic year 2019/20	Sep-19	RG	Sept: calendar in place	Green
	6	Young people receive a consistently good service from children's social care and early help. A thorough induction is in place to enable to workers to be in a position to support young people well (Staff feedback)	Review the comprehensive induction plan that took place in May/June 2019. Review qualitatively with each new staff member.	Paper on induction to CSMT with recommendations for improvement.	Nov-19	RG	Jan: feedback on formal induction session was good. Paper still needed.	Amber
	7	Support and advise UASC young people in our care with their asylum seeking process (Service Manager)	Have a named lead social worker for UASC.	Structure chart names the lead social worker for UASC	Sep-19	RG	Sept: Roxanne is the lead social worker for UASC	Completed

Section	Ref	Specific aim:	Action:	Measure/outcome:	Due	Lead	Comments:	Green
Ofsted	1	<b>Ofsted 2018 recommendation 1:</b> Risk assessments to more clearly articulate measures to address and minimise risk (kept in to ensure on- going oversight)	DTM to audit/improve risk assessment before and after every CIN plan/pathway plan review.	Audit shows consistently good quality risk assessments.	Sep-19	HK	Jan 20: risk assessment template updated by systemic practitioner. Use has increased and audit feedback good where it has been used. Needs to be more embedded. Staff feedback is that this is a lengthy process, and TM is modelling quicker work.	Green
	2	<b>Ofsted 2018 recommendation 2:</b> The more explicit and consistent demonstration of young people's involvement in preparing their pathway plans (kept in to ensure on- going oversight)	Pathway plan reviews only signed off by manager if young person's voice clear all the way through and shared with young person.	Audit evidences young people have been given their pathway plan and voices come out throughout.	Jul-19	HK	Jan: reviews chaired by IRO and include young person.	Blue
	3	<b>Ofsted 2018 recommendation 3:</b> The supervision of social workers to consistently demonstrate reflective, analytical supervision and clear management oversight. (kept in to ensure on- going oversight)	Apply and review the supervision policy 2019.  Service Manager to review team manager supervision.  Practice observation to include supervision.	Audit evidences good quality analytical supervision.  Observation evidence shows analytical supervision.	Sep-19	RG/HS	Jan: December audits show regular and good quality supervision. Observation has taken place with constructive feedback that was valued by TM.	Blue

	<p>4 <b>2016 Ofsted recommendation 1:</b>  <b>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. (kept in to ensure on- going oversight)</b></p>	<p>1. Review and revise layout of Early Help plans in partnership with Multi-Agency Practitioner Forum (MAPF)</p> <p>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</p> <p>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</p>	<p>1) Written plans for children are consistently SMART</p> <p>2)Children and young people's views are incorporated</p> <p>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</p>	<p>Sep-19</p>	<p>RG</p>	<p>Sept: New EH assessment and plan in place. Audit showed clear SMART early help plans.</p> <p>August: training is in place for social workers and managers together on September 19th.</p>	<p><b>Completed</b></p>
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5	<p><b>2016 Ofsted recommendation 2:</b>  <b>When families disengage from services and the threshold is not met to escalate the case further, ensure that any on-going work is purposeful and that case records clearly evidence manager's rationale for ceasing or continuing support.</b>  <b>(kept in to ensure on- going oversight)</b></p>	<p>1. Renewed CIN process (with TM chairing first review, and SM chairing the third) to be evaluated to evidence purposeful work.</p> <p>2. Continue to 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. TM provides a sample good practice chronology for team usage.</p> <p>3. Refresh new team members (with CAF/CASS) on the afluence in neglect research, and put in time in managers' meeting to review.</p>	<p>1. Audit shows oversight and threshold usage</p> <p>2. No drift on cases</p> <p>3. Chronologies are updated every 3 months.</p> <p>4. Staff are fully aware of the research and can identify where this may be a feature in case direction.</p>	Aug-19	HKSaC	<p>Sept: in place.</p> <p>Jan 20: audit shows good case oversight. Chronologies mostly completed every 3 months. One day a month writing and reflection days have been build in to SW diaries.</p>	Green
6	<p><b>2016 Ofsted recommendation 3:</b>  <b>Ensure that permanency planning records include a record of decisions about legalpermanence for children, along with the rationale for these decisions.</b>  <b>(kept in to ensure on- going oversight)</b></p>	<p>Draft child/language friendly version of process which will be led by practioners and IRO</p>	<p>CYP able to articulate understanding of why decision is made re. permanence</p>	on-going	RG	<p>Fully embedded. The minutes do not reflect the fullness of the case discussions at present. This area to be looked at with Team Support Officers.</p>	Green

7	<b>2016: Ofsted recommendation 4: Expedite the provision of health histories for all care leavers (kept in to ensure on- going oversight)</b>	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.	1) All Care Leavers are able to clearly articulate how it is used to assist their healthcare	on-going	RG	All young people who turned 18 have been given their health histories. These need to be actively and consistently used in pathway planning.	<b>Green</b>
8		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.	CiC/CL development group minutes show audit is presented.	Sep-19	RG	Jan 20: Anna has completed health audit & has run a session with social workers about UASC and health.	<b>Green</b>
9		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.	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.	n/a	RG		<b>Completed</b>
10	<b>2016 Ofsted recommendation 5: Increase opportunities for direct contact between children looked after, care leavers and councillors, and between these children and the chief executive, in order to establish even more meaningful personal relationships. (kept in to ensure on- going oversight)</b>	Continue to invite members to visit young people in their placements (with a social worker), the CiCC, annual award ceremonies and meet young people at the annual Committee Dinner.	Members know their responsibilities well and know our young people.	on-going	RG	Invites are in diaries for this academic year.	<b>Completed</b>