

Name:	Children & Families Service Improvement Plan
Duration:	July 2016 to April 2017
Relevant Strategies	Corporate Parenting Strategy/Children & Young People's Plan
Previous version(s) of action plan /relevant plans:	
Board responsible for monitoring action plan:	Service Improvement Board/Executive Group/DLT
Owner:	Service Manager Children's Social Care and Early Help
Implementation Date:	01/07/2016 (starts)
Review Date:	This review December 2016, next review March 2017
Frequency of monitoring/reporting	Quarterly
Aims:	The aim of this plan is to improve services for children, young people and their families.

Priority 1: Safeguarding & Early Help - Close the gap in outcomes for children, young people and families in vulnerable groups.									
Specific aim: Gain a clear understanding of the needs of the community.	Ref:	Action:	Start:	End date	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
The Early Help service to receive CAFs from partner agencies on a consistent basis.	1.1	Partners to complete CAFs without prompt from social care and further training to be offered to agencies.	30/07/2016	30/04/2017	There will be an increase in CAFs being completed by partners on a consistent basis and this is evidenced through the EH sub-group and case file audits. The Early Help data set has been developed to demonstrate the take up of the service and evaluate impact.	JF/RG	CP	Rachel update December: the increase in partner CAFs has not been maintained. One CAF was undertaken by City Gateway but was not reported by the agency. We are about to transfer one CAF to St John Cass. We need to review the strategy of co location.	Amber
Parental consent to be obtained and recorded for CAF assessments, case recording and for Audit.	1.1.1	Consent form to be designed. All early help practitioners to use form.	01/07/2016	30/09/2016	Form to be circulated with all partners. Every case to have consent form present.	JF/RG	CP	Achieved for all new cases.	Green
Develop links with community based groups in order to raise further awareness of what services are available.	1.2 (QA)	Identify community groups and other channels to engage the range of City communities in order to promote services and shape their delivery.	Mar-16	Feb-17	We will have a clear understanding of the communities needs and there will be a strong relationship between the community and the local authority. There will also be an increase in referrals from residents.	RG	CP	RG has presented interactive session using the threshold document to Domestic Abuse Forum, including community services. RG update December: we have started working with Islamic organisations on two of our cases, and seek to involve these organisations more.	Green
Ensure that partners remain involved in promoting the EH offer in the City.	1.3	MAPF to take place quarterly and for partners to contribute to the development of the service.	Jul-16	Sep-16	Partners and families will be more aware of the EH offer and this will be evidenced through an increase in referrals.	JF/RG	CP	RG update December: MAPF meetings are well established and are quarterly. To promote the offer across the partnership, JF is co-locating with partners. The MAPF Annual Report will include referral rate outcome measure. We have not seen an upturn in referrals to EH, but we have seen an upturn in referrals to children's social care.	Green
Improve cross border intelligence sharing and working with colleagues from Tower Hamlets	1.4	CSC Service Manager to hold quarterly intelligence sharing and practice meetings to discuss issues and cases.	Mar-16	Jun-16	Children & Families have a seamless service between the City and other LAs bordering the City. This will be evidenced through case work.	RG	CP	RG has attended Tower Hamlets and Hackney MASE and Tower Hamlets YOS board on two occasions, to gain intelligence and share information. Social Workers attended Tower Hamlets risk panel on rota basis. RG update December: we continue to have involvement with the YOS board. I am in a practice reflection group with the principal social worker at Tower Hamlets, and a service manager for child protection, which helps the cross borough learning.	Green

Work with Strategic Communications Manager in developing ways to engage with the community.	1.5	Establish what work is currently being done with the community and where the gaps are - and develop a communications plan in response.	Mar-16	Feb-17	There is regular feedback from the community about what they see as being the priority in relation to children's services. Also, develop innovative ways of engaging the community.	RG/RM	CP	RG update December: RG has met with Comms Strategic Manager, who attends quarterly CSMT to review strategies linked to 1.2 and 1.5 above. Currently working on early help comms. This is in the comms plan.	Green
Early Help QA auditing framework to be reviewed	1.6 (QA)	Review and implement revised auditing template	Mar-16	Mar-17	Audits will be completed within the agreed timescales and reports produced for the EH sub-group.	PD	CP	PD - QA framework to reflect changes in the auditing process. SK and JF have agreed the auditing framework, and agreed this with the Early Help Sub-Group. RG update December: This task is complete.	Green
Early Help procedures and standards to be reviewed.	1.8	Early Help procedures and standards to be reviewed and reflect the procedures within the service.	Apr-16	Dec-16	Practice Standards will be revised and compliance will be evidenced through case audits, supervision and performance meetings.	SA	CP	RG update December: The practice standards will be updated in February 2017 to include transitions and the updated placement sufficiency strategy. The practice standards for early help have been shared with the early help worker and team manager, and they are working through compliance in their casework.	Green
In EH cases where parents do not consent to services, ensure the Threshold of Need document is used and cases are stepped up appropriately	1.9	In such cases the Team Manager will assess the information and make a decision on either stepping the case up/down within 1 working day.			All open cases will have active engagement.	IA	CP	RG Update December: The November audits show threshold is right on step up and step down - we need to work on the timeliness of allocation post decision.	Green
	1.9a	Set-up Virtual MASH.	Mar-16	Apr-17	Effective application of thresholds and information sharing arrangements inform timely assessment process.	SA	CP	RG update December: MASH publicity information ready to go, once approved by partners	Green
	1.9b	Review Virtual MASH arrangements.	Jun-16	Mar-17	Review how effective application of thresholds and information sharing arrangements are.	RG	CP	RG update December: review is set up for February 2017 with partners	Green
Ensure the Early Help offer is led by the partnership, so that a child coming into any of the partner agencies is able to access services quickly and consistently.	1.10.	JF to be co-located across the partnership to provide information and advice. Clear flowchart on process with concise guidance.	Jun-16	Mar-17	Partners feedback at the MAPF forum. Increase in partners taking lead role in CAF process.	JF	CP	RG update December: JF is sending a one page info to partners on the service she offers and the strategy will be re-evaluated by March 2017	Green
To ensure children are safeguarded when parents are not consenting to children's social care intervention.	1.11	Case discussion between social worker, team manager and service manager, on every case where consent is withheld and consideration given to a strategy meeting.	Jul-16	Dec-16	Reviewing number of strategy meetings per quarter. Triple lock management.	IA	CP	RG update December: Fully complete and embedded in practice.	Green
To ensure learning is embedded from Serious Case Reviews.	1.12	SCRs from CHSCB to be discussed formally at team meetings	Sep-16	Dec-16	Team meeting minutes will reflect SCR discussion.	IA	CP	RG update December: the team has continued to look at new SCRs, and will continue to review learning points.	Green

Priority 2: Close the gap in outcomes for children, young people & families based on their localities.

Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
That all children/young people and their families are given sufficient information when they are first referred to the service.	2.3 (A4C) (QA)	Develop an information pack and ensure that all families receive one with relevant information i.e. reason for involvement, assessment process, complaints procedures etc.	Mar-16	Jun-16	Through the QA process and surveys families will report a clear understanding of why the department was involved.	RG/RM	CP	RG update December: we now have an information pack	Green

A review of all children's plans to be undertaken to ensure they are of a good quality and capture all relevant information.	2.4	Review the current templates for CP plans, CLA plans, TAC, Care Plan, CP visits, CLA visits.	Jun-16	Apr-17	Evidenced by revised templates being available.	IA	CP	RG update December: Senior SW led on reviewing the risk assessment, and this has now been completed. The staff team rejected the revised standalone CP plan. We will work instead on separating the CP core group episode to have the plan separated out. The templates will be further reviewed in Jan/February as per the OFSTED report actions.	Amber
	2.4.1	Review the current template for IRO decisions and recommendations, chair's report, IRO visit.	Mar-16	Dec-16	Evidenced by revised templates being available.	SK	CP	see above	Green
	2.4.2 (QA)	Review of the current templates for Private Fostering visits, Private Fostering assessments.	Mar-16	May-16	Evidenced by revised templates being available.	PD	CP	No further action needed. Review complete the private fostering template for visit follows national guidelines.	Green
	2.4.3	Templates to be amended to reflect new plans and workflow requirement	Mar-16	Dec-16	Evidenced by revised templates being available.	IA/KW/EM	CP	RG update December. templates are being operationalised by Fwi.	Green
That recordings on Fwi evidence what action has taken place, especially re: strategy meetings.	2.5 (QA)	Training to be offered to staff if necessary.	Mar-16	Dec-16	Through auditing of cases, supervision and performance monitoring identify compliance.	RG/IA/PD	CP	RG Update December recordings: consistently good. Great improvement in pathway planning timeliness. The case recording is good, the challenge is the timeliness of recording and having that be consistent across the service.	Green
That all children/young people who go missing continue to be offered a return home interview in a timely way as per guidance and intelligence from the interview feeds into the care planning arrangements.	2.6	Training to be offered to staff if necessary.	Mar-16	Sep-16	Through auditing of cases, supervision and performance monitoring identify compliance.	RG/IA/PD	CP	RG Update December our RHIs are taking place, and every child who goes missing, for even part of the day is discussed at the MASE/vulnerable adolescents steering group. One child declined a RHI, declined to the IRO and to the SW. [I've left this on as a rolling item, so we continue to monitor, and so we capture continued practice whilst staffing changes happen]	Green
The risk of children/young people going missing from home/care/education is minimised.	2.7 (QA)	Offer all children/young people with repeat episodes of missing to be offered a return home interview.	Mar-16	Sep-16	Intelligence from return home interviews is discussed at MASE meetings to identify learning opportunities.	RG/IA/PD	CP	RG Update December: This remains a standing item at the MASE to share intelligence/themes arising from return interviews. Thematic issues arising from this intelligence will support the shaping of future services for the CoL and wider London.	Green
Practitioners to be proactive in thinking of DV when working with families.	2.8	TM to review all cases during supervision and ensure practitioners are thinking about specialist support for families where DV is a feature.	Mar-16	Jun-16	Issues of domestic violence are identified as early as possible. Thematic audit to measure effectiveness	IA/PD	CP	RG Update December: we are better linked in with the voluntary sector now, and our specialist DV worker is in post. Workers are using the VVA well and every case has specific thought out support.	Green
Children who have witnessed domestic abuse to be supported by a specialist agency.	2.9	Where appropriate a referral to a specialist agency is made on the current cases. Where the decision is that such a referral is not necessary then a management decision to be placed on the file, which offers a rational of why this decision has been made.	Mar-16	Sep-16	Children will receive specialist support.	IA	CP	RG update December: the IDVA (VVA) has undertaken joint work with SWs on our highest risk DA cases. The specialist DA social worker is in place	Green
Re: Domestic violence cases: practitioners to be aware of what support agencies are available and refer children when appropriate.	2.10	TM and SM to form links with agencies/organisations offering DV support to families.	Mar-16	Sep-16	There will be identified resources for families.	IA	CP	RG update December: this is excellent now and consistently so. RG will present the DA strategy at the DA forum for feedback and VVA sits within team to enhance team knowledge fortnightly (.5 hour). See above.	Green

Management to be aware of the level of knowledge/experience amongst practitioners in the area of DV.	2.11	Reflective group session to discuss best practice when working with domestic abuse cases.	Mar-16	Sep-16	Staff will have sufficient training in the area of DV so they can support children/young people and their families.	IA	CP	RG update December: specialist DA worker now in team. She is providing training and coaching to the team.	Green
In domestic violence cases families are clear of the expectations if change isn't achieved and there is a robust response where there isn't.	2.12 (QA)	TM to ensure that any plans (child protection or child in need) have a clear contingency plan if the aims are not achieved	Mar-16	Mar-16	Thematic audit to be undertaken to ensure compliance.	IA	CP	RG update December: robust review by IA and RG on Domestic Abuse cases - one PLO has completed, one PLO has led to care proceedings - in a timely way.	Green
Assessments, case recording, statutory visits etc. are completed within the prescribed timescales as set out in the Practice Standards Document.	2.13	Develop 'traffic light system' in Fwi so managers can be informed of forthcoming deadlines.	Mar-16	Dec-16	Managers will be sighted on deadlines.	IA	CP	RG Update December: compliance is now run within the team (began 1 Nov) and has led to pathway plans now being on time, and alerts well in advance of CLA medicals (for example). Next element is the early help monitoring.	Green
A wide range of assessment and intervention options be available for workers to support children and families.	2.14	Managers from the Children and Families Team, Safeguarding and Quality Assurance Service and the Director of Community and Children's Services to explore the best methodologies for the City of London.	Jul-16	Dec-16	Meeting to take place.	CP	CP	RG Update December: social workers have a range of options, and this has been extended to include VIG. A social work model meeting took place between DCS, AD, QA, TM and myself. We are working on Relationship Based Practice.	Green

Priority 3: Improve physical and emotional health and wellbeing from conception to birth and throughout life									
Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
All children and young people are familiar with the role of the VSH	3.1a	The social worker will introduce all CLA and CL to the VSH as part of the coming into care process. This will take place within 28 days of being received into care and no later than the first PEP meeting.	Jul-16	Dec-16	All PEPs will have the contribution from the VSH and it will be to a high level	JH/IA	CP	removed as complete, and annual feedback shows YP 100% aware	Green
That all children in our care and care leavers who are subject to immigration control have care plans that consider short term and long term health in both this country and their country of origin.	3.2 (QA)	The VSH will introduce short and long term goals and take immigration control into consideration in PEPs.	Mar-16	Mar-17	All PEPs will have contribution from VSH on short/long term plans.	PD	CP	RG update December: all children now have short and long term goals in their pathway plans, and this is considered in every PEP.	Green
All children in care have life story work completed with them.	3.3 (QA)	The allocated social worker will complete life story work for all children who are in care.	Mar-16	Mar-17	Evidence of life story work being initiated and/or completed is on file for all cases and thematic audit to be undertaken to test compliance. A record to be kept of the percentage of children who have life story work on their files.	IA	CP	RG Update December: all children have life story work taking place. We have been creative in evidencing this work. The social workers led on life story work at our away day, looking at immigration and identity.	Green
All young people who go missing have a risk assessment completed, which evidences that they have been spoken to about their reason for going missing.	3.3a	Deliver training to all staff to ensure they are compliant with procedures in relation to children missing from care, home and education.	Jul-16	Mar-17	There will be risk assessments on all children/young people's files who have had a missing episode. This will be verified from audits.	IA	CP	complete	Green
Risk assessments on file will be specific and relevant.	3.4	Improve standalone risk assessment template & link to other subject specific risk assessments	Mar-16	Dec-16	Risk assessment on Fwi.	IA	CP	RG update December: Senior Social Worker JH has now completed this assessment template with peers. It needs to be added to Fwi.	Green

Supervision to be given within the guidelines set out in the practice standards reflecting the decision making and the process that has led to the decision.	3.5	All case files to show a record of supervision. Records to be updated within 5 working days.	Mar-16	Sep-16	There will be clear evidence on each file of the decisions and rational for those decisions.	SA	CP	RG update December: supervision is of good quality and happens regularly. The speed of updating Fwi needs to improve, and some actions need to be SMARTer (see OFSTED actions below).	Green
Ensure that the social work practice standards are up to date	3.6	Review the practice standards every 6 months and make any amendments required.	Mar-16	Oct-16	Social work practice will be contemporary and in line with current thinking/research.	JH/RG	CP	RG update September: these have been updated. At the next review - transitions will be considered.	Green
Explore opportunities for SDQ links with targets in PEPs	3.7	VSH will review SDQs and discusses with social workers opportunities for using information at PEPs. This will be recorded on Fwi.	Mar-16	Nov-16	Strategy developed for using SDQs in PEPs	JH	CP	RG update December: each CLA has an SDQ, these are being updated again, and will be checked by our compliance officer.	Green
Ensure all CLA are attending schools that will provide a good education	3.8 (A4C)	CLA allocated school that are judged to be good or better. A risk assessment completed for schools which have been judged at requiring improvement	Mar-16	Sep-16	CLA in schools which provide a good education.	IA	CP	RG update December: Complete. One exception - JH has written an exception report as to why the provision is right for the child.	Green
All care leavers are in education, employment and/or training.	3.9	Review care plans at AVS and implement necessary changes	Jul-16	Dec-16	Education, training and employment needs are consistently recorded and actioned in care plans.	IA	CP	RG Update December: Two care leavers, one we are supporting post 21 despite not being in ETE - we are offering home based mentoring, and the other is not entitled to ETE (we are keeping open to 24 above and beyond our statutory requirements).	Green
All looked after children and care leavers have access to sexual and relational health services and a clear understanding of law on consent.	3.10.	Social workers and foster carers to be trained to deliver this. CICC to have sessions on sexual health.	Jul-16	Dec-16	CLA review reports and pathway plans to detail work undertaken.	IA	CP	December 2016: The CICC had a session on sexual health. All staff now aware of Come Correct service. Staff know that they can drop in to Hackney service centre for help with discussing sexual health with young people.	Green
All children and young people to have access to sport/music/leisure activities, including structured activities, to assist in healthy lifestyles and preventing loneliness.	3.11	Social workers to clearly look at organised/structured activities with their young people. Foster carers to promote extra curricular activities.	Jul-16	Dec-16	Evidenced in CLA review reports and pathway plans.	IA	CP	December 2016: 13 cla and care leavers went on the summer holiday. Structured leisure opportunities are being discussed with each child, most are involved in activity. We could use refugee organisations better, for long term support and friendship.	Green
Building confidence and self esteem.	3.12	All children to be offered a mentor.	Jul-16	Dec-16	Evidence in CLA review reports and pathway plans	IA	CP	All CLA have been offered an independent visitor or mentor. In addition, December 2016 we are setting up a peer mentoring service with Rose.	Green
All children will have up to date medical information on their files.	3.13	CLA medical reports will be uploaded within 7 days of receipt.	Jul-16	Mar-17	Administrator will check on a monthly basis.	RG	CP	Medicals are on file. December: all are on time, and all medicals due before March 2016 have been referred..	Green
Looked after children receive robust high quality care	3.14	Team manager will consider all CLA review recommendations, and review in supervision	Jan-17	Mar-17	Fwi report to be run on episode for manager agreement/disagreement with IRO recommendations	IA	CP	This needs to be a manually run report, as there is not a standalone episode for the decisions. In the meantime, social workers to print off all review recommendations and bring to supervision for consideration.	Green
Care leavers to have at least one trusted friend or adult they can talk to (Annual Consultation)	3.14	Social workers to link young people with refugee groups and care leavers groups, to help with making sustained relationships	Jan-17	Mar-17	Every pathway plan to consider friendships and risk of loneliness.	IA	CP	New additional action in December: new action arising from annual consultation	Amber

Priority 4:Ensure that children and young people are well prepared to achieve in adulthood, through high quality learning and development.

Specific aim:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Staying Put to be encouraged to young people can go into higher education and remain in a supportive household.	4.1 (A4C)	Staying Put to be formally discussed with the young person during the reviewing process and also subsequently as part of the Pathway Planning process.	Mar-16	Mar-17	Young people are staying put in foster placements if they wish post 18 and case recording indicates that it has been considered for all young people.	IA	CP	RG Update December: all prospective carers are asked to consider staying put. FA is a new staying put arrangement. Commissioning is supporting negotiation of cost for staying put for each new arrangement.	Green
Practitioners to have an understanding of all children and young person 's mental health needs when coming into care.	4.2	All children and young people will be offered the enhanced CAMHS assessment within 6 months of coming into care.	Mar-16	Mar-17	We have early recognition of children/young people who may have mental health issues in the future.	RG/IA	CP	complete. RG update September: one SW is going on 12 week training in respect of emotional health needs of CLA and care leavers.	Green
Our additional mental health assessment offer to lead to shorter waiting time for intervention	4.2a	CAMHS enhanced assessments to be accepted by services local to our CLA foster placements.	Jul-16	Mar-17	Children do not have to have a second CAMHS assessment.	IA	CP	LAC health nurse agreed to help negotiate with local services to avoid duplication. December: we have not yet had the need to use this service - we have one new LAC who may need this in March/April 2017.	Amber
	4.2.1	CAMHS will report to CSMT & SIB on service delivery output and outcomes.	Mar-16	Oct-16	There is good intelligence on the work that is being offered and delivered to our children/young people.	PR	NH	RG: CAMHS have reported on their last year's activity and outcomes. Commissioning is tightening the contract and reporting requirements.	Green
Social Workers will offer all children and young an advocate and are reminded regularly that this is available.	4.3 (A4C) (QA)	Social workers to offer children the advocacy service and make them aware of how they can access it at any point and record on case file.	Mar-16	Dec-17	Children/young people will be supported by an advocate. There will be evidence of this through the reviewing process and the work of the Safeguarding & QA team. Commissioning will also report on this quarterly.	IA/SG	CP	RG update August evidence that advocates are being used can be seen in CP conferences and in CLA work.	Green
All children looked after and care leavers will be informed of their entitlements i.e. given care leaver packages, through CiCC and the impact of the pledge report.	4.4 (QA)	Procedures manual to be amended and local protocols to be completed, if required, and placed in the procedures manual.	Mar-16	Mar-17	This will be embedded into practice and measured through the work of the Safeguarding & QA Service. All procedures and local protocols will be located on TriX and social workers will be able to access them readily.	IA	CP	RG: we have amended TriX for children in custody, and are doing so in respect of delegated authority. December: this is a very big piece of work, and we need to work through dividing each subject area so we can review the entire manual. This was discussed at CSMT in November.	Green
	4.4a	Entitlement Sheet to be created, so YP can see what they receive.	Jul-16	Mar-17	Sheet produced.	IA	CP	RG update December: this work is well underway on target for March 2017. There is a sheet in place, but is being extended to cover costs associated with immigration and SWs will be able to make their own needs assessments and we can respond beyond core provision.	Green
	4.4b	Consistency of foster carer allowances and provision.	Jul-16	Mar-17	A set of expectations to be drawn up, to be used in commissioning placements.	RG/IA	CP	RG update December this is being drawn together by Commissioning and is underway by a consultant we await feedback - meeting in diary in January 2017	Amber
Bursary's to be offered to young people wanting to stay in full-time education.	4.5 (QA)	Ensure that those young people who wish to stay in education are aware of this offer.	Mar-16	Mar-17	There will be an increase in the number of young people accessing higher education.	PD/IA	CP	complete and on-going.	Green
When a young person is placed in independent/semi-independent accommodation they are visited within 1 week, then within 28 days and at least every six weeks thereafter to support them.	4.6 (QA)	Social workers are to practice standards regarding visiting patterns.	Mar-16	Jun-16	Young people will feel supported when making the transition to independence.	IA	CP	complete and on-going.	Green
Children to be aware of their plan and the most recent assessment/pathway plan completed.	4.7 (QA)	Social workers will explain their assessments and pathway plans to them and ensure they have an opportunity to contribute.	Mar-16	Mar-17	All young people have an understanding of the most recent assessments of them and what the agreed tasks are.	IA/PD	CP	RG: pathway plans are not classed as 'completed' until the plan has been explained and signed by the young person. Audits show pathway plans of a consistently good quality.	Green

Pathway Plans should commence when the young person is 15 years and six months of age and still in care. It must be reviewed thereafter every 6 months, or sooner if the young person requests this.	4.8 (QA)	Social workers to track pathway plans to ensure they are completed within timescales. If young person requests, then pathway plan to be completed earlier than the statutory timescale.	Mar-16	Mar-17	This will be evidenced through the auditing process.	IA	CP	RG December: all pathway plans are up to date and on file. Compliance is now within the team, and prompts are recorded on Fwi and emailed to workers.	Green
If a young person has lost touch with their social worker but then gets in contact then they will be offered support.	4.9 (QA)	Social workers have clear guidance around supporting young people post care.	Mar-16	Mar-17	This will be evidenced through the auditing process.	PD/IA	CP	RG update September: we have one young person who has gone underground following rejection of asylum claim. We have offered contact.	Green
Young people will have access to leaving care grants to support them in becoming independent.	4.10 (A4C) (QA)	Young people are offered a £2000 grant to help them establish independency. This to be recorded on the case file.	Mar-16	Mar-17	This will be evidenced through the auditing process.	IA/PD	CP	complete	Green
Information sharing with families and partner agencies to be improved.	4.11 (QA)	Practitioners to be clear within the case files who they are sharing information with, ensuring they have consent when required adhering to data protection.	Mar-16	Mar-17	Audits will evidence compliance.	IA/PD	CP	RG: clear in case recording. MASE is improving information sharing. December: virtual MASH is now available. We will need to evidence rationale for using MASH on the case file.	Green
Pathway Plans must identify needs that impact on the young person, such as mental health issues	4.12	Social workers to ensure all the information about the young person's health and well-being is included in the pathway plan.	Mar-16	Jun-16	Pathway Plans evidence the needs and potential risks to the young person and the interventions that are taking place.	IA	CP	RG: pathway plans are consistently of good quality and feedback from the audits and from the team manager shows these have improved. Health and well being is covered in every pathway plan.	Green
Pathway Plans must clearly consider immigration rules and potential deportation, including short term and longer term plans, and parallel plans in case of return.	4.12a	Social workers and VSH and IRO to offer clear advice around most useful ETE, health, mental health if returned to their country. Social workers to support emotional health by offering support and not avoiding this subject.	Jul-16	Mar-17	Pathway Plans and Care Plans to record independent living options if returned to country of origin and to record support available if immigration difficulties arise.	IA	CP	RG Update December: every pathway plan now looks at the impact of possible return home.	Green
Care Leavers and older children looked after are empowered to be self determining about their medical needs.	4.13	Social workers ensure that support i.e. advocacy is available and can support the young person in expressing their views.	Mar-16	Jun-16	Young people feel confident to express their wishes/feelings around medical interventions.	IA	CP	RG update December: Advocacy services are offered in every case	Green
Ensure that all Care Leavers files hold their birth certificate, passport, NI No, ID Card and Home Office number	4.14 (QA)	Social Workers to ensure they obtain these documents on behalf of the young person.	Mar-16	Jun-16	Audits will evidence compliance.	IA	CP	RG: this is up to date. Admin undertake weekly updates.	Green
	4.14a	CLA medical information to be with the young person, but also their GP, to support with medical needs.	Jul-16	December 206	CLA review report to show this has happened. CLA medical paediatrician to confirm the report has gone to child's GP.	IA	CP	RG update December: All CLA medical reports have now been received. We are working on getting these in a more timely way. We now have the health passports, and these were presented to the CLA and care leavers steering group. They are better than expected. RG will chair a health review in March 2017	Green
The risk of CLA placement breakdowns is minimised.	4.15	The processes relating to disruptions is improved so there is earlier intervention.	Mar-16	Sep-16	Children/young people will have fewer placement changes/breakdowns.	PD/RG	CP	RG Update December: We are working with commissioning on placements to meet the additional needs of UASC, to prevent placement breakdown - this is on track. In the meantime, we are using placement disruption/stability meetings well.	Green

	4.15.1 (QA)	Sufficiency strategy to be written.	Mar-16	Apr-16	Case files will evidence through auditing that detailed work was done prior to a placement being agreed for a child/young person.	PD	CP	complete	Green
	4.15.2 (QA)	Safeguarding & QA to carry out a six monthly review on all IFAs where a child/young person is placed.	Mar-16	Dec-16	Report to CSMT on provider standards.	PD	CP	complete	Green
	4.15.3	Practice in relation to matching should be robust and take into consideration the child/young persons strengths, needs, identity and any other significant requirements.	Mar-16	Mar-17	There will be a reduction in placement breakdowns/changes and much more detailed work will take place to include the involvement of the advocacy service when matching.	IA	CP	Performance will report on this regularly and highlight any emerging trends/patterns. RG: note there will likely be two placements for UASC, as the first will offer an assessment of need/strengths and look at permanency options. The first placement may well not be the long term placement option for the child.	Amber

Priority 5: improvements following from the OFSTED Report - July 2016

The experiences and progress of children who need help and protection									
Recommendations:	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	Feb-17	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 4) Partner agencies are able to contribute to plans where appropriate	RG	CP		
	1.2	Consult families/CYP and partners on the CAF	Jan-17	Feb-17		RG/JF	CP		
	1.3	Review and revise layout of Child Protection plans	Jan-17	Feb-17		RG	CP		
	1.4	Review and revise layout of Care Plans and ensure that they are implemented in practice	Jan-17	Feb-17		RG	CP	Children and Families Social Care and Early Help Away day on 30.09.16 included review of CP Plan.	Amber
	1.5	Virtual Head to ensure the language in the Personal Education Plan (PEP) is simple, SMART and that children and young people's views are incorporated in every PEP	Jan-17	Feb-17		JH	CP		
	1.6	Service Manager to develop an example Pathway Plan with simple targets. Staff to use group supervision to look at SMART targets and simple writing for Pathway Plan	Jan-17	Feb-17		RG	CP		
	1.7	Sign-off the relevant plan templates through Children and Families Team, CSMT and SIB	Feb-17	Feb-17		RG	CP		
	1.8	Initiate pilot of new plan template	Mar-17	Mar-17		RG	CP		
	1.9	Begin evaluation of new plan tem	Sep-17	Sep-17		RG	CP		

The experiences and progress of children who need help and protection									
Recommendations:	Ref:	Action:	Start:	End date	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
	2.1	All open cases to children social	Jan-17	Jan-17	1) Chronologies are updated every 3 months and maintain a clear record of significant	RG/PD	CP		
	2.2	In case continues, review and revise the plan with clear	Jan-17	Jan-17		RG	CP		
	2.3	Review Practice Standards and	Jan-17	Jan-17		RG	CP		

Ofsted recommendation 2: 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 managers' rationale for ceasing or continuing support	2.4	Thematic audit on closed cases	Sep-17	Sep-17	clear record of significant incidents, themes and patterns in children's lives. 2) Families that disengage are signposted to other services/provided information for accessing other services	PD	CP		
	2.5	Update report on compliance to g	Mar-17	Mar-17		PD	CP		
All Children in Need cases, regardless of engagement or disengagement, to have up-to-date chronologies on file		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)	Sep-16	Mar-17	1) No drift on cases 2) Chronologies are updated every 3 months and this is reflected in the Practice Standards	RG	CP	Report on compliance to be presented to future SIB in 2017	
		November audits to review evidence that the plan is updated to reflect continuation of work and plan meets requirements as set out above in A1 (PD to lead)	Sep-16	Mar-17	1) Measure compliance through audits and supervision	PD	CP		
Research on neglect linked to affluence draws on practitioner experience and identifies strategies and practice methods to address non-engagement from these families.	3.1	Present findings of Goldsmith research to the SIB and CEB	Sep-17	Sep-17	1) Clearer planning and risk evaluation with clear outcomes 2) Multi-agency approach to identify risk/decision-making and who is best placed to work with the families 3) Co-produced research between City of London and Goldsmiths University is completed and published in 2017	CP	CP		
	3.2	Develop and implement single-agency training and support for social workers and managers alongside CHSCB training offer to address non-engagement from families where neglect linked to affluence is evident	Sep-17	Sep-17		IA	CP		
	3.3	Complete an LSCB-led multi-agency audit on neglect cases	Jun-17	Jun-17					
	3.4	Include a session on neglect linked to affluence at the next Multi-Agency Partnership Event in 2017 to support practitioners in working with these families	Jun-17	Jun-2017		CP	CP		
Increase the number of families taking up Early Help services, building on existing partnership working at a strategic and operational level (Paragraph 8)	A5.1	Develop a user-friendly leaflet/poster explaining how families/young people can access early help services using a simple process	Sep-16	Jun-2017	Number of new early help assessments completed over the last year	RG/JF	CP		
	A5.2	Develop outreach strategies/methods to increase uptake such as strengthening links with local community services/religious institutions	Sep-16	Jun-2017	Increased number of families taking up EH services	RG/JF	CP		
	A5.3	Continue to strengthen links with EH practitioners and outreach staff	Sep-16	Jun-2017	SEF/CAF evaluation from partners	RG/JF	CP		
	A5.4	Specific targets for commissioned services re. referrals/completing EH plans and performance management (City Gateway and Youth Offending Services (YOS))	Sep-16	Jun-2017	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		

	A5.5	Early Help roadshow to key partners currently not referring or completing CAFs	Sep-16	Jun-2017	Increased number of families taking up EH services	RG/JF	CP		
Agree a suitable Early help assessment tool for partner agencies to measure family improvements so that they can be aggregated and reported on (Paragraph 9)	A6.1	Consider the possible assessment tools available, and decide on one as a partnership, with oversight of the Early Help Sub-Group.	Sep-16	Jun-2017	1) An agreed assessment tool is in place and shared with partners 2) Reporting on family improvements captured in Frameworki 3) Share tool with commissioning to feed into	RG/JF	CP		
	A6.2		Sep-16	Jun-2017		RG/JF	CP		
	A6.3		Sep-16	Jun-2017		RG/JF	CP		
	A6.4	Include children accessing Early Help services in Annual Consultation to identify areas for improvement	Sep-16	Jun-2017	Children accessing Early Help services are included in Annual Consultation	RG/JF	CP		
Ensure that children's diverse needs resulting from disability, ethnicity and religion are well considered in all cases (Paragraph 16)	A7	Children's diverse needs are consistently well considered	Sep-16	Jun-2017	1) Audits confirm that children's diversity needs are well considered in all cases 2) FWi sub-group to develop a section on the file to reflect children and families' self-reported identities	RG	CP		
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	Case chronologies are kept up-to-date every 3 months in line with Practice Standards	Sep-16	Jun-2017	Audits confirm that case records are up-to-date and comprehensive, including chronologies	RG	CP		

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:
	4.1	Legal representation on the Panel will confirm appropriate legal position and rationale for each case discussed	Jan-17	Jan-17	1) All case discussions from panel to be attached to child's file 2) QA process will evidence that the records are in place	RG	CP	This action was considered at the October Panel	Amber

Ofsted recommendation 3: Ensure that permanency planning records include a record of decisions about legal permanence for children, along with the rationale for these decisions		Minutes of Permanency Planning Tracking Meetings to clearly and consistently record decisions relating to legal permanence and make explicit why a decision was made and why certain orders were not pursued	Jan-17	Jan-17	1) All case discussions from panel to be attached to child's file 2) QA process will evidence that the records are in place	RG	CP		
		Social worker to inform young people of the Permanency Tracking Meeting process. This will ensure that social workers and managers have access to these decisions in future so that children can fully understand why these judgements are made.	Sep-16	Nov-16	1) CYP able to articulate understanding of why decision is made re. permanence 2) Visit records and supervision confirm that discussions are taking place.	RG	CP		
		Independent Reviewing Officer to check young person's understanding of their legal status at LAC reviews	Nov-16	Mar-17	CYP able to articulate understanding of why decision is made re. permanence	SK	CP		
		Draft child/language friendly version of process which will be led by practitioners and IRO	Nov-16	Mar-17	CYP able to articulate understanding of why decision is made re. permanence	SK	CP		
		A presentation to the CiCC to explain the permanency planning process and to receive further feedback from LAC on what they would need	Nov-16	Mar-17	CYP able to articulate understanding of why decision is made re. permanence	SK/RdP	CP		

Leadership , Management and Governance									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
5. Explore provision of a range of placement options available for children looked after (Executive Summary - pg. 16)	5.1	Commissioning service to complete review of sufficiency strategy options	Sep-16	Feb-17	1) Reduction in placement breakdown or placement moves 2) Potential alternative model(s)	RG/MP	CP		Amber
	5.2	Review at CSMT, SIB and Safeguarding Sub-Committee in early 2017	Feb-17	Mar-17	to facilitate increased range of placement options subject to research completion	RG/MP	CP		Amber

Leadership , Management and Governance									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ensure all initial health assessments are done promptly (Paragraph 39)	6.1	Build internal operational oversight process to track pathway of referral	Jan-17	Mar-17	1) Practitioners make referrals for health assessments on time 2) No statutory health assessments fall out of timescales 3) Children in care have their health needs met and appropriately monitored	RG	CP		
	6.2	Review interpreting service responsibilities and clarify in practice standards	Jan-17	Mar-17		RG	CP		
	6.3	Monitor arrangements regarding health assessments and the implementation of the City and Hackney CCG's LAC CQC inspection improvement plan through LAC/CL Service Improvement Group	Jan-17	Mar-17		RG	CP		
	6.4	Update reporting on performance presented to CEB, SIB and Safeguarding Sub-Committee	Jun-17	Jun-17		RG	CP		

Ensure all initial health assessments are done promptly (Paragraph 39)		Review Whittington provision	Sep-16	Jun-2017		RG	CP		
Ensure all initial health assessments are done promptly (Paragraph 39)		Review roles, responsibilities and communication between CoL commissioning/service managers/providers	Sep-16	Jun-2017		RG	CP		

The experience and progress of Care Leavers									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 4: Expedite the provision of health histories for all care leavers	7.1	Social workers and health staff to be briefed via team meeting and LAC/CL Service Improvement Group on use of Health Passports and how they need to be used as a tool as part of on-going casework	Jan-17	Jan-17	1) All Care Leavers are able to clearly articulate how it is used to assist their healthcare	RG	CP		
	7.2	Thematic audit on impact of provision of health histories for care leavers	Sep-17	Sep-17		RG	CP		
	7.3	Annual Consultation to include a question to determine impact of health histories for care leavers	Sep-17	Sep-17		RG	CP		
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.	Sep-16	Dec-16	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		

Leadership , Management and Governance									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
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	8.1	Add this recommendation to a future Children in Care Council (CiCC) agenda so that children and young people can contribute to identifying opportunities to meet the Town Clerk and Members	Jan-17	Mar-17	1)Children and young people are regularly consulted on opportunities for direct contact with councillors and the chief executive 2) Annual Consultation demonstrates that children looked after and care leavers have had opportunities to meet senior leaders in the local authority	RdP	CP		
	8.2	Invite the Town Clerk and Members to attend at the CiCC	Sep-17	Sep-17		RdP	CP		
	8.3	Explore potential opportunities for children and young people to shadow the Town Clerk and Members	Sep-17	Sep-17		RdP	CP		

Leadership , Management and Governance									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 6: Strengthen the inclusion of the perspective of children, families and partners in case auditing, in order to improve services	9.1	Safeguarding and Quality Assurance to contact all families whose cases are subject to QA activity and seek their input into case audit process	Nov-16	Mar-17	1) 100% of children and families subject to audit activity are contacted during case auditing 2) 50% of audits demonstrate triangulation with user feedback 3) QA audits report explicitly reference that families are seen and their feedback	PD	CP		Amber
	9.2	Evidence this feedback as part of the audit findings and feedback into the Service Improvement Plan	Nov-16	Mar-17		PD	CP		

	9.3	Update the QA strategy to reflect	Nov-16	Mar-17	or contacted and their feedback is recorded as part of process	PD	CP		
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