

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	Early help plans are being reviewed by MAPF and parents. It is in the work plan this term, as the MAPF was completing other work in February.	Amber
	1.2	Consult families/CYP and partners on the CAF	Jan-17	Feb-17		RG/JF	CP	Families have been consulted on the old CAF, and will be consulted on the new draft CAF.	Green
	1.3	Review and revise layout of Child Protection plans	Jan-17	Feb-17		RG	CP	All templates updated with SMART plans. Including CP/CIN/PEP. These are in use. A review will take place to see if quality plans are SMARTer as a result of better form design.	Green
	1.4	Review and revise layout of Care Plans and ensure that they are implemented in practice	Jan-17	Feb-17		RG	CP	All templates updated with SMART plans. Including CP/CIN/PEP. These are in use. A review will take place to see if quality plans are SMARTer as a result of better form design.	Green
	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	All templates updated with SMART plans. Including CP/CIN/PEP. These are in use. A review will take place to see if quality plans are SMARTer as a result of better form design.	Green
	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	Pathway plans have been updated with SMART plans.	Green
	1.7	Sign-off the relevant plan templates through Children and Families Team, CSMT and SIB	Feb-17	Feb-17		RG	CP	Templates are in use, and will be reviewed at the next SIB.	Green
	1.8	Initiate pilot of new plan templates in	Mar-17	Mar-17		RG	CP	done	Green
	1.9	Begin evaluation of new plan templates	Sep-17	Sep-17		RG	CP		Green

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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	2.1	All open cases to children social care where the family disengages will activate the triple-lock mechanism to support decision-making regarding closure or continuation of case	Jan-17	Jan-17	1) Chronologies are updated every 3 months and maintain a 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	RG/PD	CP	Case notes show the triple lock management system on next steps after disengagement. Casenotes also show a thorough review of threshold where there is a clear 'no' to further intervention.	Green
	2.2	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	Jan-17	Jan-17		RG	CP	In place. Once permanent IRO/CP chair is in place, CIN reviews can be chaired by this person, to add additional robust review and external challenge to CIN cases.	Green
	2.3	Review Practice Standards and revise accordingly to reflect: 1) requirement for chronologies to be updated every 3 months 2) triple lock mechanism	Jan-17	Jan-17		RG	CP	complete. Next review of practice standards is in June.	Green
	2.4	Thematic audit on closed cases	Sep-17	Sep-17		PD	CP	on target	Green
	2.5	Update report on compliance to go to	Mar-17	Mar-17		PD	CP	Review will go to SIB in June.	Green

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	Not yet consistently embedded across all workers.	Amber
		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	complete.	Green
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	in progress.	Green
	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		Green
	3.3	Complete an LSCB-led multi-agency audit on neglect cases	Jun-17	Jun-17					Green
	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		Green
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	draft design is out to consultation with families and the partnership	Green
	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	JF colocated within the community with key partners. Review of strategy to be completed by June 2017	Green
	A5.3	Continue to strengthen links with EH practitioners and outreach staff	Sep-16	Jun-2017	SEF/CAF evaluation from partners	RG/JF	CP	MAPF continues. Co location continues.	Green
	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	In place. RG attends reviews of YOS and City Gateway's contracts.	Green
	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	JF is colocated and presenting Early Help offer across the partnership.	Green

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 performance monitoring 4) Recorded in chronology Measure no of MARFs and no of	RG/JF	CP	CAF is being redesigned together with partners and families. There will likely be resistance to using the assessment from some partners, and the use will need to be built in to commissioned services contracts to ensure compliance.	Green
	A6.2		Sep-16	Jun-2017		RG/JF	CP	Distance travelled tool is used within our service, not used consistently yet across partnerhsip.	Green
	A6.3		Sep-16	Jun-2017		RG/JF	CP	JF to complete early help annual review.	Green
	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	complete	Green
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	complete. NJ presented on inclusion of SEND and CWD and differing needs to workers across the partnership (April 2017)	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	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	We are working on embedding this consistently across workers. In progress.	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 legal permanence for children, along with the rationale for these decisions	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	Permanency panel minutes include legal views and rationale on care plan. Audits evidenced this.	Green
		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	All minutes are uploaded.	Green
		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	Young people's views are recorded in all permanency reports.	Green
		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	complete	Green
		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	This will be led by permanent IRO once appointed.	Amber
		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	This has been scheduled for the next CiCC meeting.	Green

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) to facilitate increased range of placement options subject to research completion	RG/MP	CP	complete	Green
	5.2	Review at CSMT, SIB and Safeguarding Sub-Committee in early 2017	Feb-17	Mar-17		RG/MP	CP	Placement options and sufficiency strategy have gone to SIB, CSMT and Safeguarding sub committee.	Green

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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	weekly data run monitors LAC review progress. Note: this is not working consistently every week due to workload of administrator.	Green
	6.2	Review interpreting service responsibilities and clarify in practice standards	Jan-17	Mar-17		RG	CP	Interpreting for LAC medicals remains the responsibility of Whittington Health. Their service is not efficient, and we pick up the organisation and cost to ensure no disservice to the youth person. I have met with the health provider and this looks unlikely to improve.	Green
	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	RG monitors the contract with Hackney quarterly - there have been improvements since January. Further to the CQC inspection, the CCG is looking at bringing back the LAC nurse in house.	Green
	6.4	Update reporting on performance presented to CEB, SIB and Safeguarding Sub-Committee	Jun-17	Jun-17		RG	CP	to be done.	Green
Ensure all initial health assessments are done promptly (Paragraph 39)		Review Whittington provision	Sep-16	Jun-2017		RG	CP	Reviewed the provision with Hackney. Undertook a health audit day. Service to be recommissioned at the end of the contract.	Green
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	Whittington health structure clearer now, and new manager in post.	Green

The experience and progress of Care Leavers									
Recommendations:	Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer:	DLT lead:	Comments:	RAG status:
Ofsted recommendation 4: Expedite the provision of health histories for all care leavers	7.1	Social workers and health staff to be briefed via team meeting and LAC/CL Service Improvement Group on use of Health Passports and how they need to be used as a tool as part of on-going casework	Jan-17	Jan-17	1) All Care Leavers are able to clearly articulate how it is used to assist their healthcare	RG	CP	SWs have been taught about health passports, and have been given these to use with young people. Use is not consistent and needs more robust management.	Green
	7.2	Thematic audit on impact of provision of health histories for care leavers	Sep-17	Sep-17		RG	CP	We now have health histories for all care leavers. Audit to be undertaken of impact.	Green
	7.3	Annual Consultation to include a question to determine impact of health histories for care leavers	Sep-17	Sep-17		RG	CP	To be added.	Green
Ensure that Pathway Plans are shared with care leavers (Paragraph 55)		Build requirement into Practice Standards. Management sign off of Pathway Plan to be undertaken on the basis that the plan has been shared with young person. Audits to monitor compliance and quality as per QA strategy.	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	No pathway plan can be signed off unless a young person has seen and contributed to it.	Green

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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	The chair of the safeguarding sub committee, met our young people at the CiCC last term. Now new members have been appointed, this needs to be explored further.	Green
	8.2	Invite the Town Clerk and Members to attend at the CiCC	Sep-17	Sep-17		RdP	CP	Invitation given and accepted.	Green
	8.3	Explore potential opportunities for children and young people to shadow the Town Clerk and Members	Sep-17	Sep-17		RdP	CP	to be explored.	Green

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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 or contacted and their feedback is recorded as part of process	PD	CP	all families contacted	Green
	9.2	Evidence this feedback as part of the audit findings and feedback into the Service Improvement Plan	Nov-16	Mar-17		PD	CP	complete	Green
	9.3	Update the QA strategy to reflect this	Nov-16	Mar-17		PD	CP	QA audit framework updated. Strategy to be updated.	Green