

Name:	Children & Families Service Improvement Plan
Duration:	April 2017 to March 2018
Relevant Strategies	Corporate Parenting Strategy/Children & Young People's Plan
Previous version(s) of action plan /relevant plans:	new refreshed version for April 2017 to March 2018
Board responsible for monitoring action plan:	Service Improvement Board/Executive Group/DLT
Owner:	Service Manager Children's Social Care and Early Help
Implementation Date:	April 2017 to March 2018
Review Date:	Aug-17
Frequency of monitoring/reporting	Quarterly
Aims:	The aim of this plan is to improve services for children, young people and their families.

source of action

Priority 1: 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:
Early help to be aware of housing need for families in advance of eviction. [early identification of need of families]	1.1	Housing to alert Early Help of families at risk of eviction when difficulty is identified.	April 2017	October 2017	Quarterly reports by housing to evidence number of families at risk of eviction and number of referrals.	RG	CP	RG has met with Bayo Igoh (HoS Housing) to set up this system. Housing now refer any families at risk of eviction to Children's Services.	Green
The Early Help service to receive CAFs from partner agencies on a consistent basis. [early identification of need by the partnership]	1.2	Partners to complete CAFs without prompt from social care and further training to be offered to agencies.	April 2017	June 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	Update August: only one partner CAF is ongoing. We have revised the CAF template with partners to make it more accessible. Early help co-ordinator has been co located with independent schools and will focus on housing throughout the summer. Report on effectiveness went to early help sub group. We do have a higher number of internal CAFs this quarter.	Amber
Evidence value and impact of early help services. To establish we are identifying and meeting need.	1.3	Develop post-case closure progress tracking tool to evidence impact of early help support.	Apr-17	Jul-17	Able to demonstrate the longer term impact of Early Help support and services on offer across the partnership.	JF/RG	CP	Distance travelled tool in use internally. We will review case progress in the autumn after the tool has been used for six months.	Completed
To establish we are identifying and meeting need.	1.4	Extend annual QA consultation to include children and young people receiving early help support.	Apr-17	Nov-17	Service user views and experiences of early help are captured formally in line with other service user groups and learning from the consultation used to further shape and develop the service.	JF/RG	CP	Note: first audit recently included views of families. Next audit is in November, and we can measure progress.	Completed
Families can identify their own need, and can access early help directly.	1.5	Publish accessible information on Early Help online.	Jul-17	Dec-17	Self referrals increase. Understanding of early help offer increases amongst residents. Number of CAFs increase.	JF/RG	CP	Leaflets have been co produced, but printing paused. Action amended July 2017 to publish online information	Amber
	1.5.1	Early help partnership to run a stall at the start of the new school year at St John Cass.	Sep-17	Sep-17	Stall happens. Families aware of the variety of support available across the partnership.	JF/RG	CP	Plan is in place for this to happen.	Green
Service users who have excellent knowledge of need, to have opportunity to shape services.	1.6	Review how and when the voice of the child and family is recorded in early help. Review how that information is used to develop services.	Apr-17	Jul-17	Audits will evidence the views of the child in case work. Action plans will be shaped by service user input. Paper to come to Early Help sub-group in May to look at service user involvement.	JF/RG	CP	Service user involvement paper went to early help subgroup.	Completed
To have a good understanding of need and risk in different areas of the City, by looking at need in the areas where children and young people go to school outside of the City.	1.7	To obtain gang and CSE profiles from Tower Hamlets, Islington and Hackney.	Apr-17	Jun-17	Profiles shared and discussed at the vulnerable adolescents (MASE) forum, to increase awareness of need. To attach to our vulnerability profile.			We now have a tower hamlets' draft gang profile which has been shared.	Completed
To identify and respond to safeguarding risks relating to children and young people with SEND	1.8	create a specialist SEND safeguarding action plan	Apr-17	Jun-17	Partners and parents will review progress on the SEND action plan.	RG	CP	complete	Completed

Work with Strategic Communications Manager in developing ways to engage with the community.	1.9	Establish what work is currently being done with the community and where the gaps are - and develop a communications plan in response.	Apr-17	Oct-17	There is regular feedback from the community about what they see as being the priority in relation to children's services. Develop innovative ways of engaging the community.	RG/RM	CP	We've reviewed all the different ways we engage with children and families and a paper has been drawn up to evidence this. We now need to review and improve.	Green
Early Help QA auditing framework to be reviewed	1.10	Review and implement revised auditing template	Apr-17	Oct-17	Audits will be completed within the agreed timescales and reports produced for the EH sub-group.	PD	CP	Early help sub group has agreed the auditing framework. The first external audits will take place once the permanent IRO/CP chair is in post.	Green
Families and practitioners to be able to access short breaks and understand how decisions are made and their entitlements.	1.11	Update short breaks strategy. Create one page sheet to explain funding options	Apr-17	Jun-17	Strategy and information sheet to be uploaded to Tri-X and to new early years database, so families can access this. Parents to give feedback on usefulness.	JF/RG	CP	Short breaks strategy now finalised. Needs uploading to website.	Completed
To ensure partners are able to participate when an early help case is stepped up to CIN, whilst the C&F assessment is completed. Note: there is a short gap between TAC meetings ending and CIN meetings starting, following this assessment.	1.12	Create a one page update sheet to gain partner views..	Apr-17	Jun-17	Every stepped up case to have professional input. Audits to evidence.	IA/RG	CP	Complete. Needs appending to the practice standard	Completed
Effective application of threshold at front door.	1.13	Set-up Virtual MASH.	Apr-17	Jun-17	Effective application of thresholds and information sharing arrangements inform timely assessment process.	RG	CP	Revised information sharing agreement is with partners. Virtual MASH launched. Still awaiting confirmation of ISA from YOS and probation.	Completed
	1.14	Link in with MASH services across London.	Apr-17	Oct-17	To contribute to Pan London MASH forum. To learn and develop best practice. To observe MASH strategic meetings.	RG	CP	RG receives the minutes of the Pan London MASH group and will attend meetings when able. RG was unable to shadow Hackney's FAST strategic meeting in June, and has asked to join the next meeting.	Green
	1.15	Review Virtual MASH arrangements.	Apr-17	Oct-17	Review how effective application of thresholds and information sharing arrangements are.	RG	CP		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:
Early help and social workers to Think Family, and be able to identify need across the family and link in to community resources.	2.1	Supervision to reflect Think Family approach, and remind SWs of community support. Invitation for community development officers to visit team quarterly.	Apr-17	Oct-17	Increase in referrals to adults social care. Increase in signposting to community development officers.	IA	CP	We have made more referrals to adults services. The challenge is that the level of need doesn't often meet Adult Services Thresholds. This means that Children's Services are continuing to need to fund support for parents to meet the needs of children where the risk/need is high, or that parents are not receiving the support they need due to, for example, long mental health support waiting lists.	Completed
To be confident in addressing neglect through affluence.	2.2	Research to look at the social work response to neglect through affluence. Including reviewing CoL sample cases.	Apr-17	Jul-17	Research will be published.	RG	CP	Professor Bernard is two months behind schedule due to having difficulty accessing SWs to interview. RG has chased for August update. Expert panel to review once school has started to include independent schools.	Amber
	2.2.1	Neglect strategy to be updated following research.	Aug-17	Oct-17	Strategy will be updated, added to CHSCB website and CoL Tri-X	RG	CP		Green

	2.3	Comprehensive signposting and confident ending of cases where families choose to discontinue with CIN/EH plans, and choose not to allow information sharing with other professionals, and threshold not reached for child protection. Workers to be confident in having difficult conversations with families.	Apr-17	Oct-17	Audits to show that families have been given clear information about needs of their child, support available, and information on the impact of neglect. Audits to show challenge and support.	PD	CP		Green
	2.4	Learning review of case 'A', involving serious neglect in affluent family (case closed)	Jun-17	Oct-17	Team meeting minutes to reflect an extended review of case A and learning points.	IA	CP		Green
To be confident in addressing neglect and poverty.	2.5	To discuss and share the work of the Neglect strategy and action plan task and finish group with the social work team (once received)	Apr-17	Jul-17	Team meeting minutes to reflect review and discussion of the report.	RG	CP	As above.	Amber
To build confidence and knowledge of the service in addressing neglect overall.	2.6	Staff to attend the CHSCB conference on neglect.	Jun-17	Jun-17	Attendance data shows full attendance by early help and social workers.	RG	CP	Full attendance by staff.	Completed
To work with integrated commissioning to ensure children that miss appointments are either offered a further appointment, or a referral in to early help is made, rather than closing cases.	2.7	To review the contracts for integrated commissioning with neglect and early help in mind.	Apr-17	Oct-17	Contracts to show that cases are not allowed to be closed after one DNA.	RG	CP	RG has reviewed audiology and CAMHS contracts to date and provided feedback.	Green
To improve outcomes for children living with domestic abuse in the home.	2.8	To implement the DA strategy for children: - to build resilience for children through additional leisure activities, specialist therapeutic support, having a safe adult to talk to, having their parent access positive activities away from the home.	Apr-17	Oct-17	DA strategy presented to Children's Team. Supervision notes to show wider thinking in respect of resilience and intervention. To be considered at audit in November.	RG	CP		Green
	2.9	To run training on working with perpetrators across the partnership, to reduce risk.	Apr-17	Jun-17	Attendance data shows good attendance by our service and partners.	JH/RG	CP	100% attendance at training, including internal and external partners. Feedback excellent. We would like to run this again.	Completed
A wide range of assessment and intervention options be available for workers to support children and families.	2.10	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.	Apr-17	Jun-17	Staff development day to be held to look at systemic practice, signs of safety, strengthening practice tools.	RG	CP	Staff development day in place for 6 July, with external speakers from Strengthening Families and Signs of Safety. Systemic Practice to be considered in the following week.	Green
Child and family assessments are completed in good time so that needs are met in a timely way.	2.11	Compliance action to be taken where needed. Staff to immediately update their outlook calendar with due dates in, and update Team Manager's diary. Team manager to expect assessments at least two days in advance to allow for changes.	Apr-17	Jun-17	No C&F assessments will be out of date.	IA	CP	There have been no late assessments this quarter.	Green
Consistency of service to be delivered to children and families.	2.12	Practice standards to be reviewed every six months to ensure all staff are aware of expectations.	Apr-17	June 2017 then December 2017	Team minutes to reflect that practice standards have been shared with early help and social workers. Quarterly data to evidence compliance.	RG	CP	Updated June 2017.	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:
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 and education in both this country and their country of origin.	3.1	The VSH will introduce short and long term goals and take immigration control into consideration in PEPs. Notice will be taken of the national transfer scheme, as well as young people who arrive just before their 18th birthday, and are 'qualifying' young people. [to help emotional wellbeing by planning for all eventualities]	Apr-17	Oct-17	All PEPs will have contribution from VSH on short/long term plans. All PEPs where a young person is subject to immigration control, will directly look at potential impact.	JH	CP	All children now have short and long term goals in their pathway plans, and this is considered in every PEP.	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.	3.1.1	All LAC medical referrals to detail the young person's immigration status and the impact on their emotional wellbeing.	Apr-17	Oct-17	Quarterly reports by Whittington Health will reflect quality of referral.	RG	CP		Green
To encourage use of City of London sports and leisure facilities to children supported in Early Help, CIN and CP	3.2	Social workers and early help workers to signpost children and families to local resources. To take children and families where needed.	Apr-17	Oct-17	Supervision notes to reflect progress with activities that improve physical and emotional health. [where linked to child need]	IA	CP		Green
To include care leavers in peer mentoring, to reduce isolation and build resilience.	3.3	Bid to be placed with Esme Fairburn Trust, for funding to facilitate peer mentoring joined with Partnership for Young London and Lambeth and Croydon.	Apr-17	Oct-17	If bid is accepted, create a peer mentoring plan and advertise for the post.	RG	CP	Bid has now been submitted. Waiting on response.	Green
Risk assessments on file will be specific and relevant.	3.4	Improve standalone risk assessment template & link to other subject specific risk assessments	Apr-17	Apr-17	Risk assessment on Fwi.	IA	CP	Standalone template redesigned and in use. Will check via compliance officer quarterly on all cases.	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.	Apr-17	Nov-17	There will be clear evidence on each file of the decisions and rational for those decisions.	RG	CP	Supervision notes are of exceptional quality, and are now on file quickly. Task remains to ensure that the improvement is sustained.	Green
SDQ to be better linked in PEPs - so that emotional health and wellbeing can be explored with school and planning.	3.6	SDQs are gathered in April each year, but can be done throughout where necessary. SDQ to be brought to each PEP.	Apr-17	Oct-17	PEPs show that SDQs have been considered, and used as a tool to discuss emotional wellbeing in school.	JH	CP	All SDQs for 2017 have been completed.	Blue
Early identification of emotional/mental health needs.	3.7	Enhanced CAMHS service to continue	Apr-17	Oct-17	LAC review minutes will reflect that the offer has taken place.	RG	CP	Note: all YP have been offered this, in the last quarter all have declined. I need to work on the contract with CAMHS.	Green
All looked after children and care leavers have access to sexual and relational health services and a clear understanding of law on consent.	3.8	Social workers and foster carers to be trained to deliver this. CICC to have sessions on sexual health. City media target in June for six weeks on consent - using the 'cup of tea' video.	Jun-17	Jul-17	Each young person's case file will have a case note to evidence the promotion of the social media push and links to local sexual health services.	IA	CP	CICC have run sessions on sexual health and consent. I have asked the LAC medical nurse to look at sexual health fully on every age appropriate medical.	Green
Building confidence and self esteem.	3.9	All children to be offered a mentor.	Apr-17	Mar-18	Evidence in CLA review reports and pathway plans	IA	CP	all young people have or have been offered a mentor. This remains on the action plan as a reminder to keep this going.	Green
All children will have up to date medical information on their files.	3.10	CLA medical reports will be received within 2 weeks of the appointment	Apr-17	Mar-18	Whittington health to provide a review of this timescale and implementation every quarter.	RG	CP	All medicals are now on file, but timeliness remains an issue.	Green
Looked after children receive robust high quality care	3.11	Team manager will consider all CLA review recommendations, and review in supervision	Apr-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)	3.12	Social workers to link young people with refugee groups and care leavers groups, to help with making sustained relationships	Apr-17	Mar-17	Every pathway plan to consider friendships and risk of loneliness.	IA	CP	This has improved and pathway plans now make good use of refugee groups and voluntary organisations.	Green

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	Staying Put to be formally discussed with the young person during the reviewing process and also subsequently as part of the Pathway Planning process.	Apr-17	Mar-18	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	staying put is considered for all children pre 18. This is embedded in practice and recorded as policy in the practice standards. A new Staying Put policy will be written by end July.	Green
Our additional mental health assessment offer to lead to shorter waiting time for intervention	4.2	CAMHS enhanced assessments to be accepted by services local to our CLA foster placements.	Apr-17	Mar-18	Children do not have to have a second CAMHS assessment.	IA	CP	The last YP assessed did not need further intervention - so this has not yet been tested.	Green
	4.2.1	CAMHS will report to CSMT & SIB on service delivery output and outcomes.	Apr-17	Oct-17	There is good intelligence on the work that is being offered and delivered to our children/young people.	MP	NH	Contract monitoring took place mid July. They should report October.	Green
Social Workers will offer all children and young an advocate and are reminded regularly that this is available.	4.3	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.	April. 2017	Mar-18	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	CP	evidence that advocates are being used can be seen in CP conferences and in CLA work, not in CIN	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	Our offer to LAC and care leavers will be published on line and available to circulate in hard copy. To be explicit in relation to immigration and the impact on service provision and entitlements.	Apr-17	Oct-17	Young people will have accessed the website and social workers will have shown this to them.	RG	CP		Green
	4.5	Consistency of foster carer allowances and provision.	Apr-17	Oct-17	A set of expectations to be drawn up, to be used in commissioning placements.	RG/MP	CP		Green
Placements are maintained and not disrupted.	4.6	Effective placement identification. Effective use of placement disruption meetings. Review of placement provision.	Apr-17	Jun-18	A placements report to have been written and presented to SMT by MP.	RG	CP	complete	Completed
Bursary's to be offered to young people wanting to stay in full-time education, when eligible by immigration status.	4.7	Ensure that those young people who wish to stay in education are aware of this offer.	Apr-17	Mar-18	There will be an increase in the number of young people accessing higher education.	PD/IA	CP	complete and ongoing	Completed
When a young person is placed in independent/semi-independent accommodation they are visited within 1 week, then every one week for four weeks and every four weeks (six by agreement of Team Manager) thereafter to support them.	4.8	update of practice standards	April. 2017	Jun-17	Young people will feel supported when making the transition to independence.	IA	CP	complete and ongoing	Green
Children to be aware of their plan and the most recent assessment/pathway plan completed.	4.9	Social workers will explain their assessments and pathway plans to them and ensure they have an opportunity to contribute. Plans to be written in easy read English	Apr-17	Oct-17	All young people have an understanding of the most recent assessments of them and what the agreed tasks are. One social worker to look at sample pathway plans and lead on Easy Read English.	IA	CP	Audits show pathway plans of a consistently good quality.	Green
If a young person has lost touch with their social worker but then gets in contact then they will be offered support.	4.1	Social workers have clear guidance around supporting young people post care.	Apr-17	Mar-18	This will be evidenced through the auditing process.	PD/IA	CP	We had one young person lose touch by going underground. Staff have received training on risks and preparation when immigration status is denied.	Green
Young people will have access to leaving care grants to support them in becoming independent.	4.11	Young people are offered a £3000 grant to help them establish independency. This to be recorded on the case file.	Apr-17	Mar-18	This will be evidenced through the auditing process.	IA/PD	CP	complete - note the entitlement sheet says £3,000 - well above the national average - to be reviewed.	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.	4.12	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.	Apr-17	Mar-18	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	Every pathway plan now looks at impact of immigration. Remains on list as we have newer staff, to whom this will be unfamiliar.	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.	Apr-17	Mar-18	Young people feel confident to express their wishes/feelings around medical interventions.	IA	CP	Advocacy services are offered in every case. We had one child who struggled with medical decisions and needed an advocate in the last year, hence this action being on the plan.	Green
Ensure that all Care Leavers files hold their birth certificate, passport, NI No, ID Card and Home Office number	4.14	Social Workers to ensure they obtain these documents on behalf of the young person.	Apr-17	June 2017 then December 2017	six monthly reviews of FW to evidence all details (NI number/HO number/UPN/NHS number and ID docs uploaded)	IA	CP		Green
Improve quality of care at home for LAC.	4.15	Safeguarding & QA to carry out a six monthly review on all IFAs where a child/young person is placed.	April. 2017	Dec-17	Report to CSMT on provider standards.	PD	CP		Green
Permanency planning.	4.16	Practice in relation to matching should be robust and take into consideration the child/young persons strengths, needs, identity and any other significant requirements.	April. 2017	Mar-18	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.	Green

Priority 5: improvements following from the July 2016 OFSTED

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 have been reviewed by parents and the MAPF. Draft template has been circulated.	Green
	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.	Completed
	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.	Completed
	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.	Completed
	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.	Completed
	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.	Completed
	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.	Completed
	1.8	Initiate pilot of new plan templates in	Mar-17	Mar-17		RG	CP	done	Completed
	1.9	Begin evaluation of new plan templates	Sep-17	Sep-17		RG	CP	RG to develop process for evaluation of new plan.	Green

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 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. Case notes also show a thorough review of threshold where there is a clear 'no' to further intervention.	Completed
	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	Practice standards updated in both January and June 2017. Next due for review December.	Completed
	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	Complete	Completed
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	This is now consistently established and supported by the compliance data officer having this within their remit.	Completed
		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.	Completed
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	Professor Bernard is two months behind.	Amber
	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	see above	Amber
	3.3	Complete an LSCB-led multi-agency audit on neglect cases	Jun-17	Jun-17				Multi Agency audits completed	Completed
	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	complete.	Completed
Increase the number of families taking up Early Help services, building on	A5.1	Develop online information that is user friendly for families.	Sep-16	Dec 17	Number of new early help assessments completed over the last year	RG/JF	CP	Co produced draft design ready, we are now creating an online accessible version	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 now completed	Completed
	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. Annual report went to Early Help Sub Group	Completed
	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. New tender for youth services includes targets in contract for bidders. Monica (commissioning) invited to next Early Help Sub Group to see providers are meeting their commitments.	Green

existing partnership working at a strategic and operational level (Paragraph 8)	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.	Completed
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	RG/JF	CP	CAF has 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.	Completed
	A6.2		Sep-16	Jun-2017	4) Recorded in chronology Measure no of MARFs and no of CAFs 5) Attendance at TAC meetings 6) No of distance travelled	RG/JF	CP	Distance travelled tool is used within our service, not used consistently yet across partnership. Agencies to report on the evidence of impact of their service, if they are using alternative tools. To be reported on as part of BAU Early Help reporting.	Green
	A6.3		Sep-16	Jun-2017		RG/JF	CP	JF to complete early help annual review.	Completed
	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	Completed
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). PD to present a themed audit on diversity needs and planning - by end August (additional action).	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	Now embedded in practice.	Completed

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	Permanency panel minutes include legal views and rationale on care plan. Audits evidenced this.	Completed
	4.2	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.	Completed

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	4.3	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. The next permanency celebration will take place over the summer.	Completed
	4.4	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	RL	CP	complete	Completed
	4.5	Draft child/language friendly version of process which will be led by practitioners and IRO	Nov-16	Dec-17	CYP able to articulate understanding of why decision is made re. permanence	RL	CP	This will be led by permanent IRO once in post (September 2017).	Green
	4.6	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	RL/RdP	CP	complete	Completed

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	Completed
	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.	Completed

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	weekly data run monitors LAC review progress. Note: this is not working consistently every week due to workload of administrator.	Completed
	6.2	Review interpreting service responsibilities and clarify in practice standards	Jan-17	Mar-17		RG	CP	Whittington are now providing most of the interpreters and meeting the cost of translation. This is not 100% due to the way their service arrangement with translation is arranged. To mitigate against the risk of LAC medicals being late due to translation, the Children's Social Care service fills the gap and books interpreters where needed. This means all children have timely LAC medicals with the right interpreter.	Completed
	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. All medicals are on time with interpreters used. Further to the CQC inspection, the CCG is looking at bringing back the LAC nurse in house.	Completed
	6.4	Update reporting on performance presented to CEB, SIB and Safeguarding Sub-Committee	Jun-17	Jun-17		RG	CP	complete	Completed
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.	Completed
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.	Completed

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	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	RG	CP	SWs have now used health passports, and the IRO is checking on usage and if they have been filled out well at LAC reviews. Update: RG will do a brief summary on outcomes with the passports.	Green

all care leavers	7.2	Thematic audit on impact of provision of health histories for care leavers	Sep-17	Sep-17	clearly articulate how it is used to assist their healthcare	RG	CP	We now have health histories for all care leavers. The requirement is in the newly updated practice standards. Audit to be undertaken of impact.	Completed
	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.	Completed

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	An annual visiting schedule has been created for members and the town clerk.	Completed
	8.2	Invite the Town Clerk and Members to attend at the CiCC	Sep-17	Sep-17		RdP	CP	Invitation given and accepted.	Completed
	8.3	Explore potential opportunities for children and young people to shadow the Town Clerk and Members	Sep-17	Sep-17		RdP	CP	timetable of meetings for members and director scheduled for 2017/2018	Completed

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 or contacted and their feedback is recorded as part of process	PD	CP	all families contacted	Completed
	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	Completed
	9.3	Update the QA strategy to reflect this	Nov-16	Mar-17		PD	CP	QA audit framework updated.	Completed