

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:	Dec-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.

Notes:

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	Housing now refer any families at risk of eviction to Children's Services.	Completed
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	July 2018	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 Feb 18: No partner CAFs have been completed 17-18, this is being monitored by the Early Help sub-group with no current expectation for change. Senior managers across Health and Education re-iterate that CAF completion is not a priority, although active participation by partners in CAF and TAC is well evidenced across the Early Help caseload. CHSCB is convening a task and finish group to consider forward plan for shared assessment and outcomes framework, to report back to EH sub group in April 18.	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. Update Feb-18 - data now emerging from completed distance travelled reviews and is reported back to EH sub group. DTT also to be scrutinised as part of the ACH review of Early Help Offer.	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	Jul-18	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	Update Feb 18: No consultation completed for 16-17 but 17-18 consultation currently underway, including Early Help.	Green
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	Feb 2018: General information published on the new local offer October 2017. Note: families would like further detail and comms will be added to the 18-20 Early Help Action Plan as an ongoing priority.	Completed
	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	Early Help worker was present at the Local Offer launch and MAPF agencies also encouraged to attend. Some MAPF partners also present at the Christmas fair.	Completed
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 presented to EH sub-group.	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.	RG	CP	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	Jul-18	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	Feb 18: Review paper presented to EH sub-group in Jan-18 and now linking with Community Engagement sub-group to take forward recommendations for twice yearly 'City families' forum with thematic focus.	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. No external audits to complete (due to no CAFs) but 6 monthly audits to be completed from Jan 18.	Completed
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 updated April 17. Update Feb 18 - guidance and direct payments process under review for April 18 in consultation with SEND parents forum. See separate short breaks actions.	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	Jul-18	To contribute to Pan London MASH forum. To learn and develop best practice. To observe MASH strategic meetings.	RG	CP	Feb 2018: JoH to visit neighbouring Virtual MASH teams and observe MASH strategic meetings.	Green
	1.15	Review Virtual MASH arrangements.	Apr-17	Jul-18	Review how effective application of thresholds and information sharing arrangements are.	RG	CP	Feb 2018: In process	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	Feb 2018: Research is now published. Launch event jointly hosted with Goldsmiths University January 2018. Research to go to International Academic Conference and Assist Directors Conference.	Completed
	2.2.1	Neglect strategy to be updated following research.	Aug-17	Jul-18	Strategy will be updated, added to CHSCB website and CoL Tri-X	RG	CP	Feb 2018: Following attendance at KTP event SW team to develop practice response to research. Training/workshop to be developed and consideration to be given to delivering to other Local Authorities. Currently awaiting feedback from Jan launch re practitioner need.	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	Feb 2018: Update from PD?	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	Feb 2018: Further information needed with regards Learning Review of child A for informed response to this action.	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-18	Team meeting minutes to reflect review and discussion of the report.	RG	CP	Feb 2018: To be considered as part of our response to research into neglect in affluent families.	Green
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	Jul-18	Contracts to show that cases are not allowed to be closed after one DNA.	RG	CP	Feb 2018: In progress. Further information required.	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	Jul-18	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	Feb 2018: In progress. Further information required.	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	Feb 2018: Staff development days have taken place. Preferred option is implementing Systemic practice whilst still maintaining ethos of relationship based practice. Workforce development currently scoping and currently exploring how a model of development could be delivered in the City.	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	Jul-18	No C&F assessments will be out of date.	SA	CP	Feb 2018: Lack of data due to Mosaic transformation. Other sources of information indicate that there have been no assessments out of timescale in the quarter. SW's and TM aware of need to consistently meet statutory timescales and that any delay must be an exception with clear explanation as to why.	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	Feb 2018: Practice Standards are regularly reviewed by SWs at team meetings. Issues from practice and audits are raised and discussed and where appropriate standards revised in order to support best practice.	Completed

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:
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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	Feb 2018: In progress. Further information required.	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	Feb 2018: Team Manager and SWs are aware of the importance of promoting use of C of L facilities. Review of supervision notes to confirm that this is consistently considered and promoted.	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	Feb 2018: Update requested from MP as to whether bid accepted	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	Feb 2018: Checks via Compliance Officer not possible at this time due to data retrieval problem. Consideration to be given to whether standalone risk assessment needs review.	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	Feb 2018: External audit concludes 'some good evidence of holistic supervision' but recommends that a template is used tht drawson signs of safety and encourages reflective practice is consistently used.	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	Feb 2018: SDQs are due for renewal in April 2018 - will be linked to PEPs and Health reviews.	Blue
Early identifcaiton 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	Feb 2018: All young people continue to be offered CAMHS assessment - 2 have taken up the offer.	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	Feb 2018: 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	Feb 2018: 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	Feb 2018: All medicals are now on file, but timeliness remains an issue as a recent review was late. This will be monitored and if necessary raised with health.	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	?? Shaista - 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	?? - Shaista -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:
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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	Feb 2018: Staying Put Policy was written in September 2017. 2 young people who are now 18 remain in long term foster placements with 'Staying Put' arrangements in place.	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	Feb 2018: Although YP have had CAMHS assessments - none have required further ongoing treatment so this continues to remain untested.	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	Feb 2018: Meeting booked with CAMHS commissioning manager this week cancelled. To be rearranged asap to discuss proposal that CAMHS services are spot purchased as specification submitted.	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.	Apr. 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	Feb 2018: Advocates used successfully by young people in care to make representations on their behalf in relation to placements and transfers.	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	Apr-17	Oct-17	Young people will have accessed the website and social workers will have shown this to them	RG	CP	Feb 2018: In progress. Further information required.	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	Feb 2018: Placements Officer post recently approved. Core function of this role to ensure consistency and clarity across all placements	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	Apr. 2017	Jun-17	Young people will feel supported when making the transition to independence.	IA	CP	Feb 2018: SW team are currently in the process of reviewing and updating practice standards ensuring they are in line with best interests of children/young people.	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	Feb 2018: External audit identified that although some are outstanding, quality and completion/updating of pathway plans is inconsistent. Since then a concerted effort has been made by TM and individual SWs to ensure that all Pathway Plans are updated and of a high quality. All Pathway Plans are now complete and up to date.	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	Feb. 2018: Staff continue to support young people consistently and to a high standard. External audit stated 'there is evidence of commitment to good social work practice based on developing positive and meaningful relationships with children and young people'.	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	Feb 2018: All young people leaving care are supported by their allocated SW with a budget of up to £3000 in order to assist them to live independently.	Completed
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	February 2018: Every pathway plan now looks at impact of immigration. This action can now be classified as complete due to stability of staff group.	Completed
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	Feb 2018: 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	Feb 2018: SWs are aware of this requirement and TM has been tasked with reviewing all files of children in care and care leavers.	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.	Apr. 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.	Apr. 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	Feb 2018: Currently SWs make individual placements but recently approval has been given for a specific placements officer to be employed. This should improve process and procedures with regards matching. One young person has had multiple placements in the last year. A full review has been undertaken by IRO with 12 social care and specific recommendations which should also inform and improve future service delivery.	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	Jul-18	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	FEB 2018 - This has been taken to EH subgroup to scope potential for consolidating a different planning framework to be led by CHSCB.	Green
	1.2	Consult families/CYP and partners on the CAF	Jan-17	Feb-17		RG/JF	CP	Partners and young people (via youth provider) 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 all planning and review templates to ensure that they are all SMART, child focused and measurable.	Mar-18	Jul-18		RG	CP	Feb 2018: Although this action was complete, following last SIB decision made to reclassify to Green. Ongoing recent external audit identified that there is 'some' evidence of SMART planning but plans would be improved by ensuring that outcomes are consistently child focused and measurable to ensure better monitoring and evidence of progress. Further training to be provided by reviewing service and internal auditor to reinforce principles of SMART planning.	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.	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 template	Sep-17	Sep-17		RG	CP	Feb 2018: Full case file audit (NOV 2017) also focused on SMART planning (see 1.4) Further audit to follow in July 2018 following refresher training.	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:
	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		RG/PD	CP	Feb 2018 - Have been continuing to apply Triple Lock oversight. March 2018 Action raised at Mosaic Development Group for Case Alerts to be automatically triggered on Mosaic for management oversight.	Completed

Ofsted recommendation 2: When families disengage from services and the threshold is not met to escalate the case further, ensure that any ongoing work is purposeful and that case records clearly evidence managers' rationale for ceasing or continuing support	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	Jul-18	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	CP	Feb 2018: Permanent IRO now in post. Process in place for additional review and oversight of CIN cases by IRO and QA if necessary. Possibility of extending this to regular review being scoped.	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	w		RG	CP	Feb 2018: Practice Standards are being reviewed by SWs and reviewing service and will be revised to reflect findings from audit accordingly.	Green
	2.4	Thematic audit on closed cases	Sep-17	Sep-17		PD	CP	Feb 2018: Thematic audit undertaken. Action complet	Completed
	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	Jan-18	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	Research is now published and KTP launch event held jointly with Goldsmiths University end Jan 2018. Research is also being taken to international academic conference and national Assistant Directors conference.	Completed
	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	Jul-18		IA	CP	KTP launch attended by full CSC. Development group will be meeting shortly to scope practice response to research. It is hoped that this will then be offered to other Local Authorities. Currently awaiting practitioner feedback informing areas of focus from launch event. CHSCB to build findings of research into trainer offered to multi-agency network.	Green
	3.3	Complete an CHSCB-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 existing partnership working at a strategic and operational level	A5.1	Develop online information that is user friendly for families.	Sep-16	Dec 17	Information about EH service is now available on line as part of the Local Offer.	RG/JF	CP	Feb 2018: EH offer updated as part of our Local offer - launched end 2017	Completed
	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 and MAPF membership growing.	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	01/07/2018	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	Feb 2018: New provider for Youth Service recently commissioned and YOS contract remains with previously commissioned provider. Work underway to ensure compliance with C of L processes.	Green

(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	Colocation has supported Early Help offer across the partnership. Will continue once EH support worker in place.	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	Distance travelled tool was developed by the MAPF, with input from multiple partner agencies. Available to partners as now published within the Early Help toolkit.	Completed
	A6.2		Sep-16	Jun-2017	4) Recorded in chronology Measure no of MARFs and no of CAFs 5) Attendance at TAC meetings	RG/JF	CP	Update Feb-18 Distance travelled tool is not used consistently across partnership but agencies now required to evidence impact of their service via partner update to EH sub-group. Also now being added to EH data set.	Completed
	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	01/02/2018	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	Feb 2018: SEND strategy implemented - all EHC plans have SC element considered as standard part of process and planning.	Completed
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:
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.	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
	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	Feb-18	CYP able to articulate understanding of why decision is made re. permanence	RL	CP	Feb 2018: Draft of plan for a child in care review has been created in consultation with young people, and circulated to managers and social workers for consultation by permanent IRO. Feedback has been positive so awaiting sign off by CSMT.	Completed
	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 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-18	1) All Care Leavers are able to clearly articulate how it is used to assist their healthcare	RG	CP	Feb 2018: Use of health passports has been reviewed by Service Manager and health. In consultation with SWs explanatory notes, translated into relevant language, for young people have been produced. Health have attended team meeting to discuss with SWs and encourage commitment to encouraging and enabling young people to use and value. QA report to be undertaken by Anna Jones CLA Designated Nurse.	Completed
	7.2	Thematic audit on impact of provision of health histories for care leavers	Sep-17	Jul-18		RG	CP	Feb 2018: Audit of 'health passports' to be undertaken by health to measure use and impact.	Green

	7.3	Annual Consultation to include a question to determine impact of health histories for care leavers	Sep-17	Jul-18		RG	CP	Feb 2018: Annual report has been undertaken but audit to follow use of health passports follow review and refresh.	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