# HILLINGDON
## LONDON

**A**

# Children, Young People and Learning Policy Overview Committee

**Date:** WEDNESDAY, 18 MARCH 2015

**Time:** 7.00 PM

**Venue:** COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW

**Meeting Details:** Members of the Public and Press are welcome to attend this meeting

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**Councillors on the Committee**

John Hensley (Chairman)
Brian Crowe (Vice-Chairman)
Nick Denys
Jem Duducu
Tony Eginton
Duncan Flynn
Peter Money
Jane Palmer
Jan Sweeting (Labour Lead)

**Other Voting Representative**
Anthony Little, Roman Catholic Diocesan.

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# Terms of Reference

A central role of a Policy Overview Committees is to undertake in-depth policy reviews on specific issues. Reviews provide the opportunity to hear from members of the public and expert witnesses, including people from a wide range of external organisations. Reviews usually make recommendations to the Cabinet on how the Council could improve its work. They therefore perform an important role in opening up the policy-making process to a wider audience, including people who would not normally have the opportunity to participate.

This Committee undertakes the policy overview role in relation to the following matters:

- Education Services and statutory education authority functions
- School performance and attainment
- School Transport
- Relationships with Local Academies / Free Schools
- Pre-School & Early Years Services
- Youth Services & Careers Services
- Juvenile justice & probation services
- Adult Learning
- Education and learning partnerships
- Music & The Arts
- Social care services for children, young persons and children with special needs
- Adoption and Fostering
- Family Services

# Agenda

**1** Apologies for Absence

**2** Declarations of Interest in matters coming before the meeting

**3** Matters notified in advance or urgent

**4** To confirm that items of business marked Part 1 will be considered in public and that the items marked Part 2 will be considered in private

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# Minutes

**CHILDREN, YOUNG PEOPLE AND LEARNING
POLICY OVERVIEW COMMITTEE**

**18 February 2015**

**Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW**

HILLINGDON
LONDON

| | |
|---|---|
| | **Committee Members Present**:<br>Councillors John Hensley (Chairman), Nick Denys, Jem Duducu, Tony Eginton, Duncan Flynn, Dominic Gilham, Peter Money, Jane Palmer, Jan Sweeting (Labour Lead) and Mr. Tony Little.<br><br>**Also Present**:<br>Georgie Bhad (Chairperson, Hillingdon Parents Carers Forum), Wendy Caine (Treasurer, Hillingdon Parents Carers Forum).<br><br>**LBH Officers Present**:<br>Vince Clark (Interim Assistant Director Children in Care, Permanency & Children's Resources), Jackie Wright (Head of Disability Services), Alex Bowman (Disability Services - Programme Manager) and Jon Pitt (Democratic Services Officer). |
| 51. | **APOLOGIES FOR ABSENCE**  *(Agenda Item 1)*<br><br>Apologies for absence were received from Cllr. Brian Crowe (Vice-Chairman), with Cllr. Dominic Gilham substituting. |
| 52. | **DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THE MEETING** *(Agenda Item 2)*<br><br>No Declarations of Interest were made. |
| 53. | **MATTERS NOTIFIED IN ADVANCE OR URGENT**  *(Agenda Item 3)*<br><br>No matters had been notified in advance or as urgent. |
| 54. | **TO CONFIRM THAT ITEMS OF BUSINESS MARKED PART 1 WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART 2 WILL BE CONSIDERED IN PRIVATE**  *(Agenda Item 4)*<br><br>It was confirmed that items marked Part 1 would be heard in public and those marked Part 2 would be heard in private. |
| 55. | **CHAIRMAN'S ANNOUNCEMENTS**<br><br>The Chairman announced that the Labour Lead and he had recently attended a meeting of the External Services Scrutiny Committee to discuss the Family Law Reforms, part of the Children and Families Act 2014. The session, which was attended by Her Honour, Judge Judith Rowe QC, the Designated Family Judge for West London, provided information in relation to the recent legislative changes. The session had been positive and it was noted that there had been a significant improvement in |

| | the number of incidents going before the courts. |
|---|---|
| 56. | **TO AGREE THE MINUTES OF THE MEETING HELD ON WEDNESDAY 14 JANUARY 2015** *(Agenda Item 5)*<br><br>It was requested that further information be provided in relation to attendance at the Hillingdon Local Safeguarding Children Board (LSCB) meetings. Attendance figures had previously been requested during the relevant agenda item at January 2015 meeting of the Committee.<br><br>**RESOLVED: That:**<br><br>1. **The minutes of the meeting held on 14 January 2015 were agreed as a correct record.**<br>2. **Officers were requested to provide more detailed LCSB attendance figures.** |
| 57. | **SINGLE MEETING REVIEW - HILLINGDON'S IMPLEMENTATION OF THE SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) REFORMS - WITNESS SESSION** *(Agenda Item 6)*<br><br>A witness session was held to enable the Committee to gather evidence as part of its Single Meeting Review of Hillingdon's Implementation of the Special Educational Needs and Disability (SEND) reforms. This followed on from a separate witness session that had taken place outside the Committee with the headteacher of a local secondary school.<br><br>Witnesses attending the session included:<br><br>• Georgie Bhad, Chairperson, Hillingdon Parents Carers Forum<br>• Alex Bowman, SEND Programme Manager, LBH<br>• Wendy Caine, Treasurer, Hillingdon Parents Carers Forum<br>• Jackie Wright, Head of Disability Services, LBH<br><br>Officers introduced the Single Meeting Review of Hillingdon's implementation of the reforms. The Scoping Report, which had been agreed by the Committee in January 2015, set out the key areas to be considered as part of the review. These included challenges in relation to the SEND Local Offer and also the transfer from Statements of Special Educational Needs (SEN) to Education, Health and Care Plans (EHC Plans).<br><br>The SEND reforms had come fully into force on 1 September 2014. The Council had met its statutory obligations, but it was recognised that more work needed to be undertaken in relation to consultation on the content and functionality of the local offer. The consultation was due to commence in the near future. A range of information had been published on the Council website, but it was recognised that improvements were needed in order to make the presentation and interface more user friendly.<br><br>The representatives from the Hillingdon Parents Carers Forum had been involved from early on in the implementation of the reforms. It was felt that initial plans were not robust enough, but that core workstreams had since been developed, with effective communication having taken place. The representatives felt involved in the process and that their views were taken into account, although it was considered that there was scope for further improvement.<br><br>The external witnesses stated that the Local Offer met user needs and that this had |

been tested. The offer was reasonably easy to navigate, although it was suggested that further work could be undertaken to make the information provided more user-friendly and that links provided on the website could be structured in a more coherent and logical way. Officers reflected that the accessibility of the database containing information on the SEND offer could be improved.

Members were reassured that there was a perception that Hillingdon was ahead of where it needed to be in terms of implementing and communicating the SEND reforms, but concern was expressed that an officer's written statement had referenced a period of tension. The officer stated that this was in relation to working with external agencies and it was felt that the situation had improved markedly in recent months. It was recognised that the Council and its partners needed to work together effectively in order to implement and communicate the changes. A shared understanding had developed in relation to the work that was required. It was stated that there was a need to work in more person centred and outcome focused ways and to ensure that frontline practitioners had all the relevant information to enable them to engage effectively.

The Committee questioned whether funding was available to facilitate the transfer to EHC Plans. It was confirmed, that while the transfer from SEN Statements to the plans was challenging, some funding was available. Children with a SEN Statement or EHC Plan were normally entitled to top up funding, which was allocated to the child's school.

Officers advised that parents had been actively involved in the transfer to the new plans. Feedback would be obtained from families with experience of the plans, but the numbers with experience of them was currently too small for this to be a beneficial exercise at present.

Witness sessions previously held as part of this review and as part of a separate review had identified issues around the referral of young people with mental health issues to Hillingdon CAMHS (Child and Adolescent Mental Health Services). It was questioned how these difficulties were being overcome. Officers advised that work was underway with the NHS to look at pathways where specialist support was required.

In summary, it was recognised that good progress had been made on implementation of the reforms. More work, particularly around engagement with parents and communication of the offer would be required.

The Committee thanked the witnesses for attending the witness session and for the information provided.

**RESOLVED: That:**

1. **The evidence provided be noted.**
2. **The draft final report be developed and presented to the Committee at the March meeting.**

| 58. | **ADDITIONAL NEEDS STRATEGY - IMPLEMENTATION UPDATE**  *(Agenda Item 7)* |
| --- | --- |

Officers introduced an update on progress made towards implementation of the Additional Needs Strategy. The Strategy had been approved by Cabinet in November 2014.

Special schools and Specialist Resourced Provisions (SRP) were largely full to capacity and the child population within the Borough was rising. A significant number of

pupils with special educational needs were travelling to schools outside the Borough. The Strategy aimed to enable as many children and young people as possible to attend local schools. Receiving their education within the Borough could be beneficial to the welfare of the child and would also help to minimise home to school transport costs. The Strategy aimed to be as inclusive as possible. SRPs would be developed to enable places at special schools to be reserved for those with the most complex needs.

A number of reasons were noted to explain the variation in the number of young people with special educational needs attending mainstream schools in Hillingdon. Demographics were a factor, but there were other reasons behind the differences. These included differing parental perceptions of schools and there being no moderation process governing how schools classified pupils with special educational needs. This permitted each school to classify pupils in a different way, thereby directly impacting the recorded numbers at each school.

In future there would only be one category of need, other than those with a statement or EHC Plan, which would help to address discrepancies in the number of pupils classified as having special educational needs. Although the reasons behind the differing numbers could be investigated further, it was felt that this would not be an effective use of resources given the changes to the categories.

In order to improve the capacity of special schools in the Borough, Pentland Fields free school opened in January 2015 with 32 pupils (28 are from Hillingdon). Pupil numbers would increase to 70 in September 2015 and to 140 in September 2016. Three SRP's were due to open between April 2015 and January 2016. These were at Lake Park Farm, St Martin's and Cherry Lane. The latter would take all ages of pupil, while the other schools would open in stages as the initial intake of pupils in reception progressed through the school.

It was acknowledged that the capacity and location of SRPs and outreach support needed to be considered further. It was also noted that the number of children with autism was rising, so there needed to be provision available for those with the most complex needs.

It was noted that the SEN (Special Educational Needs) funding provision had previously been determined by an amount per school, rather than by the specific needs of the pupil. A new funding model had been designed and agreed by the Schools Forum. This would ensure that, for pupils with the new Education, Health and Care (EHC) Plans, that funding was based more upon pupil needs.

Vyners School has special provision for those with hearing impairments. A site survey had been undertaken and a new modular building would expand SRP provision from September 2015.

Work was underway with Uxbridge College in relation to further education provision for those with more complex needs. This would aim to prevent such students from having to attend colleges outside the Borough. Discussions were taking place between Uxbridge College and another provider to explore joint working options, with the possibility of specialist provision being available from September 2016. Uxbridge College was also investigating Project Search, a nationally recognised project. This involved colleges and employers working together to support young people with complex needs to develop skills for employment. The young people on the programme developed skills and worked in a range of departments across a business.

The Committee was advised that the work being undertaken would make a difference to those with additional needs. However, much of the work was ongoing and would take time to be fully implemented and embedded.

Members asked whether data collection in relation to pupils with special educational needs was straightforward and whether changing needs would be recognised. Members asked whether the Council was reliant on schools for the collection of data. It was also questioned how the changing needs of pupils would be recognised and how the culture was being improved amongst schools that were seen as being less inclusive.

Officers advised that the Council maintained a database of pupils with Special Educational Needs. However, the database did not always reflect changes to the needs of individual pupils. In addition, secondary needs were not listed. Work was being undertaken with the SEN Team to address these issues and with the provider in terms of improvements to the database. Outreach support and training for the Special Educational Needs Co-ordinators (SENCOS) would help in relation to the issue of inclusion. Specific issues raised regarding individual schools would also be followed up.

Members expressed concern in relation to the capacity issues at Meadow and Hedgewood Schools and questioned whether any new accommodation would involve the provision of temporary or permanent buildings. Officers advised that Priority School Building Programme funding was available for Meadow School and that further work was required with both schools to consider the available options. Work was also needed to investigate the wider provision of schools for pupils with severe and moderate learning disabilities.

The Committee expressed thanks to officers for all the work undertaken to date.

**RESOLVED: That:**

1. **The Board noted the progress made on implementation of the Additional Needs Strategy.**

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| 59. | **MAJOR REVIEW - REDUCING THE RISK OF YOUNG PEOPLE ENGAGING IN CRIMINAL ACTIVITY AND ANTI-SOCIAL BEHAVIOUR - DRAFT REPORT** *(Agenda Item 8)* |

The Chairman introduced the Draft Final Report of the Major Review into 'Reducing the Risk of Young People Engaging in Criminal Activity and Anti-Social Behaviour.'

It was noted that some observations had been included in the report in addition to the formal recommendations. This was due to the fact that some of the information and suggestions received by the Committee during the course of the review related to issues that the Council had no direct control over. It would therefore not have been appropriate for these issues to be included as part of the report's recommendations. There was a discussion in relation to how the report would be shared with partner organisations in order to ensure that they were fully aware of the recommendations and observations. It was confirmed that this would be considered further, subject to the approval of the report by Cabinet.

A working draft of the report had included a recommendation around investigating the feasibility of establishing a programme of court visits for local schoolchildren. This had

been excluded from the draft final report due to legal restrictions that could prevent such visits. As an alternative, a more general recommendation had been made for interventions to be investigated that were designed to deter young people from becoming involved in crime and anti-social behaviour. It was noted that one possible initiative referenced in the report was magistrate visits to local schools.

A Member suggested that it might have been useful for more Members to have attended witness sessions held with young people and parents as part of the review. While it was acknowledged that this may have been beneficial, it was also recognised that there was a fine balance to be achieved. This was because it was felt that witnesses may not have been so forthcoming with the information shared if more Members had attended the sessions.

In relation to recommendation number two contained in the report, the Committee felt that the methods used to communicate the establishment of any parenting forums or networks would need to be carefully considered. This was to ensure that parents became aware of the sessions and that the sessions would not be perceived as being critical of them as parents.

The Committee Members thanked the Chairman and officers for their work on the draft report, which was felt to be comprehensive given the information available.

**Resolved that:**

1. **That the Committee agreed the Draft Report as presented by the Chairman.**
2. **That the Chairman would present the Draft Report to Cabinet on 19 March 2015.**

| 60. | **QUALITY ASSURANCE AND AUDIT FRAMEWORK – CHILDREN'S SERVICES** *(Agenda Item 9)* |
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Officers presented a verbal update on the Quality Assurance and Audit Framework - Children's Services. It was noted that the officer responsible for providing the written report had recently left the authority. A verbal updated was provided and it was agreed that a written report would be brought to the March meeting of the Committee.

The Committee was informed that only 31% of case file audits had been completed by managers in June 2014. There had been a significant improvement since, with the figure having increased to 100% by January 2015. The percentage of 'good' audits had increased from 6/7% in September 2014 to 22% in January 2015.

In response to a Member question expressing concern with regard to the high percentage of cases requiring improvement, it was recognised that this area would require a robust response. A number of changes had already been implemented and evidence to help facilitate improvements had been gathered from a number of agencies. Officers advised that issues had been caused by high staff turnover, both of managers and of practice staff. Vacant first line management posts had been filled in August and September and it was anticipated that this would help to achieve a target of 80% of posts being filled by permanent staff.

It was questioned whether 100% audit compliance would continue. Officers acknowledged that audits were time consuming. The caseload for each social worker had previously been in the high 20's and this had been reduced to 16 per social worker. Consequently, workloads had become more manageable and balanced and a culture

of improvement had been fostered. More social worker posts had been filled, although it was acknowledged that the majority of these were agency, rather than permanent staff.

A Member questioned how it would be possible to improve the percentage of 'good' audits from the current 22% to a target of 80% by October 2015. Officers advised that the reductions in caseloads, service improvements and the filling of posts would help. In addition, training was being improved and a learning cycle developed. This included training in relation to child protection, children in care and the implementation of a three day training programme. Full details would be provided in the report to be presented to the March 2015 meeting of the Committee.

It was questioned how the proposed improvements could be sustained given that the service relied on such a high number of agency staff. Officers confirmed that recruitment activity for permanent staff was planned for next month. It had not been possible for this to take place sooner as it was important that remedial action was taken within the service prior to permanent staff being recruited.

The Chairman reflected that some people would only want to work as agency staff and that therefore a target of 100% permanent staff would not be realistic, but that 80% could be achievable.

The officer presenting the report advised that there was a staff ratio of one manager to every six social workers. It was felt that this provided an acceptable balance between providing effective oversight, while not being too top heavy. The caseload for each manager was currently 90.

Members acknowledged the improvements made to date and questioned how much of the work was outsourced. It was agreed that adequate supervision and support was required to ensure that staff stayed in post. Officers felt that the frontline staff to management ratio and use of the Quality Assurance Framework would help to sustain existing improvement and foster it in the future.

It was confirmed that some work was outsourced but that this was seen as being a temporary measure as the Council would be recruiting permanent staff. It was advised that systems were being established to prevent caseloads from building up. Overall, 45% of staff within Children's Services were permanent staff and 55% were agency staff. Amongst social workers, the figures were 20% and 80% respectively.

**RESOLVED: THAT:**

1. **The Committee noted the verbal update provided.**
2. **A written report on the Quality Assurance and Audit Framework - Children's Services be brought to the March meeting of the Committee. It was requested that this include information on staff numbers and a breakdown of quartiles in relation to the audit figures presented at the February 2015 meeting.**

| 61. | **FORWARD PLAN** *(Agenda Item 10)* |

Members noted a potential discrepancy in relation to a date provided within an entry in the published Cabinet Forward Plan. This stated that it was proposed to establish new Specialist Resourced Provision (SRP) at Cherry Lane Primary from January 2015. As noted during Item 7, the Additional Needs Strategy - Implementation Update, it was

| | suggested that this date should be September 2015. Officers advised that this would be investigated outside the meeting. |
|---|---|
| | **RESOLVED:** |
| | 1. **That the Forward Plan be noted.**<br>2. **That the proposed opening date of the Specialist Resourced Provision (SRP) at Cherry Lane Primary be investigated outside the meeting.** |
| 62. | **WORK PROGRAMME** *(Agenda Item 11)* |
| | The following changes to the Committee's Work Programme were noted: |
| | 1. A written report on the Quality Assurance and Audit Framework - Children's Services would be brought to the March 2015 meeting. This followed on from the verbal update provided at the February 2015 meeting. |
| | 2. The update on the implementation of recommendations from a past Committee review into Elective Home Education would be moved from the March 2015 meeting to the April 2015 meeting. This would enable it to be considered at the same meeting as updates on other previous Committee Reviews. |
| | 3. That updates on two previous reviews, 'Strengthening the Council's Role as a Corporate Parent' and 'Improving Outcomes for Care Leavers Not in Education, Employment or Training' be added to the work programme for the April 2015 meeting. |
| | **RESOLVED: That: subject to the above amendments, the Work Programme be noted.** |
| | The meeting, which commenced at 7.00 pm, closed at 9.00 pm. |

These are the minutes of the above meeting. For more information on any of the resolutions please contact Jon Pitt on 01895 277655. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

**PROGRESS REPORT ON ACTION PLAN IN RESPONSE TO OFSTED INSPECTION OF SERVICES TO CHILDREN IN NEED OF HELP AND PROTECTION, CHILDREN LOOKED AFTER, AND CARE LEAVERS ("OFSTED ACTION PLAN")**

**Contact Officer**: Tony Zaman
**Telephone:** 01895 250527

**REASON FOR ITEM**

The purpose of this paper is to provide a progress report on improvement activities that have occurred in the Children and Young People's Services (CYPS) as a result of the Ofsted Inspection in December 2013. The action plan has now been signed off and will be reported to Ofsted as completed (Appendix 1). There are some residual actions from the plan that will now be incorporated into the LB Hillingdon Children's Social Care Improvement Plan.

**OPTIONS AVAILABLE TO THE COMMITTEE**

It is recommended that the Committee:

a)  **Notes** the contents of this paper;
b)  **Endorses** the proposal for the completion of the Ofsted Action Plan
c)  **Endorses** the proposal to implement the Children's Services Improvement Plan and to report back to the Children, Young People & Learning Policy Overview Committee in September 2015.

**INFORMATION**

**Background**

1   The Council is required to prepare and publish a written statement of the action it intends to take in response to the Ofted report. On 10 June 2014 Ofsted endorsed Hillingdon's "Ofsted Action Plan" that was developed to address the 11 areas of improvement, following the "Requires Improvement" judgement. In September a summary report was submitted to the Children, Young People and Learning Policy Overview Committee that reported good progress was being made.

2   With the completion of the Ofsted action plan, further improvement work will continue through the ongoing delivery of the Children's Social Care Improvement Plan (Appendix 2). This plan is based upon 7 work streams that will deliver improvements to the specified services including a cross cutting project 'embedding new ways of working and improved practice management arrangements'.

3   The improvement plan is designed to deliver a sustainable improvement programme through good social work practice. The high level work streams are:

- Workforce development.
- Performance improvement work in Triage, MASH and Children Social Work Teams.
- Defining new ways of working within the CSWTs.
- Improving outcomes for Looked After Children (LAC) and Young People.
- Improving the quality of Fostering & Adoption provision.
- Embedding new ways of working and improved practice management arrangements.
- Effective Quality Assurance.

**Contextual Information**

4   In August 2014 the level of risk in the Children's Social Work Teams was deemed to be unacceptably high. This followed a high degree of disruption and changes in all levels of management and staffing within the service. A significant additional amount of resource was committed to the service, coupled with the arrival of a new Senior Management Team within CYPS and the service was stabilised. The leadership team is now firmly focused on driving forward service improvements and a new service plan is being developed.

**Progress towards Improving Outcomes**

5   The service objectives for the Ofsted Improvement Action Plan were to:

- Implement all key deliverables of the Improvement Plan and drive a sustainable programme of challenge and quality assurance to achieve the highest standards of professional child care practice; and
- A Quality Assurance programme is in place that drives up service standards and learns from staff and service user feedback.

6   The Ofsted Plan has now been substantially completed with only a minority of actions remaining that will now be transferred to the new Service Improvement Plan (see appendix 2). The table below summaries the progress that CYPS has made against the Ofsted Action Plan actions:

| Action Status | Number |
|---|---|
| Completed | 30 |
| Residual Actions for the Service Plan | 11 |

7   A quality assurance programme is now in place (Appendix 3). The service improvements are underpinned by a new Quality Assurance Framework to provide both a baseline for practice, and to measure progress towards improved performance. The framework underpins social work practice in CYPS, and the findings from audits are used to support practice improvement and build evidence of management

oversight.  Case file audits completed by managers have increased incrementally from 31% in June 2014, to 100% in January and February 2015.

8    More comprehensive updates in relation to the specific 41 actions in the Ofsted Action Plan can be seen in Appendix 1.

**Recent Service Background**

9    In August 2014 the Children's Social Care Service was at a critical stage, characterised by a high turnover of frontline staff and managers at all levels, high caseloads and significant backlogs of cases, within which there were children who had not been visited by social workers to the required frequency. The Council's reputation with partners, including the Courts, the Police and Schools was in turn characterised by a lack of confidence and concern that standards to keep children safe were not being met.

10   The key points to note as at August 2014 included:

- Average caseloads for social workers peaked during September with qualified workers on average holding 30 cases and newly qualified staff with 33 cases.
- The Director of Children's Services and the two Assistant Directors responsible for safeguarding children and child protection activities left the Council at a time when there was limited cover at service manager level.
- The council was unable to attract or retain agency cover to achieve a degree of stability in the service
- Permanent social workers in post were continuing to leave

11   Due to the issues illustrated above the Ofsted Improvement Plan had not achieved the level of service improvement expected. This had resulted in key parts of the pathway failing to operate adequately, leaving children, the service and the Council at risk due to not seeing children when required and not planning for their stability and permanency.  This included:

- MASH had not been functioning fully for most of 2014 and Triage was not working effectively, resulting in a high ratio of referrals against contacts and complaints from residents and agencies about the low level of responsiveness of the Council.
- The average time to complete assessments was 33 days, resulting in only 75% being completed on time.  141 assessments were overdue.
- 7.5% of child protection visits were overdue (or not recorded as completed).
- The number of children in need cases reached a peak of 2066 by October 2014, with 828 having no plan in place
- Public Law Outline (court timescales) at 57 weeks against the expected 26 weeks
- Data quality was variable in specific service areas, with managers establishing their own local spreadsheets to track cases.  There was limited confidence in the quality and timeliness of data recording on the children's social care IT system for some of the higher risk case work.
- Few managers had undertaken case audits to check on the quality of practice and decision making – no audits were undertaken in July and August 2014.

**Progress from September 2014**

12  The Council's investment in a managed service in September 2014, to help stabilise the workforce, raise the performance of frontline practice, whilst also testing a future operating model has:

- Supported the Triage, MASH and assessment service to reach 'steady state'.
- Supported other social work teams to clear all assessment and children in need backlogs.
- Reduced caseloads to best practice levels (average 17 per qualified worker).
- Given a clear understanding of expected service volumes.
- Implement a safe and consistent assessment service.

13  The key improvements in the service from September 2014 provide strong evidence that the service is now at a 'steady-state' position with realistic prospects of achieving good during 2015/16.  They include:

- Multi- Agency safeguarding Hub (MASH) and Triage - Thresholds, early intervention and early resolution - the MASH is now up and running and both the Police and other key partners have commented on the quality of thresholds being managed and decisions being made.  Despite an increase in contacts the ratio of contacts moving through to referral has fallen (from 32% in September 2014 to 29% in January 2015). This is ensuring children who need support and safeguarding interventions receive these in a timely way.  It also provides a proxy measure of the increased use of 'step down' and early support – key aspects of the children's pathway.

- Reduced caseloads – now below the target average at 17 (February 2015), from the high of 30 in September 2014.  Manageable caseloads for staff are contributing to a more stable workforce and also ensure that children receive timely intervention and support where needed.

- Tackling the backlog of cases – the total number of open children in need (CIN) cases have reduced from a peak of 2,066 on 13/10/14 to 1463 on 02/02/15 – an average reduction of approx. 43 cases per week.  The 'steady state' number of cases at any one time is estimated to be 1,300 and this will be reached by April 2015.

- The number of CIN cases without a care plan for 6 weeks or longer has also fallen sharply since a peak of 828 cases in September 2014 to 250 cases as at early March 2015.

- Improving practice & outcomes for children looked after - Since September the number of children looked after has reduced to below the benchmark level for Local Authorities similar to Hillingdon. During the same period the number of children subject to a child protection plan has increased as thresholds are applied consistently and higher risk cases are assessed and appropriate interventions are

taken. This will mean that more children move into the care system as cases progress to care proceedings during 2015.

- During this period there has also been an improvement in key performance and compliance measures with a reduction in late visits by social workers for looked after children and also those with no visits recorded. Sustained progress has been made by the service to implement the Public Law Outline (PLO) to ensure children achieve a final care order and permanency plan within 26 weeks.  The current average for completed care cases is 34 weeks, down from 57 weeks in 2013/14. The projected average for current active care proceedings cases is now 29 weeks and falling. From April 2015 the average care case in Hillingdon will be projected to finish within 25 weeks. This is one of the best performances in the Family Court area and within the national standard set by the President of the Family Division. The outcomes of proceedings have also seen a marked increase in the number of permanent placement orders being made (Special Guardianship Orders and Placement Orders).

14 To sustain the high social care standards for local residents and deliver the aims of the children's pathway, the service will be subject to a new Children's Social Care Improvement Plan. This plan seeks to:

- Ensure sufficient capacity, competency and flexibility in resourcing to maintain high standards of service delivery to Hillingdon's residents.
- Focus and organise resources on delivering the aims of the children's pathway to ensure children remain safeguarded, prevent need escalating, intervene early and focus on permanency where this is the agreed plan.
- Deliver an affordable model of service delivery.

**Standards/Statutory Requirements**

15 The improvement plan is based on an assessed level of demand and need which has been benchmarked against statistical neighbours and national averages.

- Referral and assessment have a maximum of 45 days to conclude their assessment. The current staffing levels have improved performance in this area with the Assessment Teams currently achieving 30 day average.
- The volume assumptions have been tested against benchmarking with other local authorities to ensure that the whole service is comfortably within the range expected for good outcomes.
- The service has achieved the need to maintain caseloads at an average of no more than 18 cases per qualified social worker. There will be a differential within this average figure across the different service teams to take into account the variances in work patterns. For example social workers in assessment teams will have an average of 15 whilst those in Children in Need teams will have 18.

**Stability in the workforce to achieve the desired outcomes**

16 A critical element of the improvement plan will be successful permanent recruitment coupled with the implementation of a flatter management structure. This will provide better staffing stability and effective leadership at a practice level. The proposal will deliver a social work structure built around a model of one team manager with a maximum of 6 social workers to supervise. This will strengthen accountability for good practice within the teams and will maintain the pod business support system. This model will also invest in the advanced practitioner role to work with the QA service to improve practice quality and offer practice leadership. The Children's Service Improvement Plan includes a workforce strategy to deliver effective recruitment into the social work teams.

**Quality Assurance to Evidence Embedded Change**

17 All practice will be regularly monitored through the implementation of the Social Care Quality Assurance Framework (Appendix 3). This will deliver regular auditing by managers within the service of case work across all teams. The audits will be collated on a monthly basis and reported to the Service Management Team within Children's Social Care. Action will be taken at a practice and service level to learn from audit activity and to inform further service improvements and staff training and development.

**Further Review and Report Back to Children, Young People & Learning (CYPL) Policy Overview Committee (POC)**

18 It is proposed that the Children's Services Improvement Plan be subject to regular reports to the CYPL POC and that the next progress report will be submitted in September 2015.

Tony Zaman
Interim Director of Children and Young People's Services

**Attachments included with this report**

- **Appendix 1 - "London Borough of Hillingdon - Action Plan in Response to Ofsted Inspection of Services to Children in Need of Help and Protection, Children Looked After and Care Leavers" Update as at 29 September 2014**
- **Appendix 2 London Borough of Hillingdon - Children's Services Improvement plan 2014/16**
- **Appendix 3 London Borough of Hillingdon - Social Care Quality Assurance Framework**

**London Borough of Hillingdon - Action Plan in Response to Ofsted Inspection of Services to Children in Need of Help and Protection, Children Looked After and Care Leavers**

**Final update version March 2015**

**1.    Introduction**

1.1   The London Borough of Hillingdon is 'Putting Our Residents First'.  Children, young people and their families are at the heart of communities in Hillingdon and the Council has ambitious plans to improve services to give children the best start in life and support families to be independent, responsible and successful residents.

1.2   This action plan has been developed in response to specific areas highlighted in the Ofsted inspection of services for children in need of help and protection, children looked after and care leavers.  The inspection took place in November/December 2013.  These actions are part of a wider plan being delivered to implement the transformation of children's services in Hillingdon.  This plan has been created to address the following three key themes which the inspection highlighted.  Actions are designed to achieve the 'good' grade of standards within the Ofsted inspection framework.

- A need for consistency in practice – assessments, care planning and review.
- Establishing stronger management oversight and effective performance management.
- Embedding a sustainable approach to improvement, including the recruitment and retention of a high calibre workforce.

1.3   The action plan set out below in this document has been structured to respond to the individual issues highlighted in the inspection.  The actions reflect the need to diagnose issues, implement change and review the success of improvements to ensure that the actions are making a difference.  Any residual actions from this plan that will now be incorporated into the LB Hillingdon Children's Social Care Improvement Plan.

Children, Young People & Learning Policy Overview Committee – 18 March 2015

PART 1 – MEMBERS, PUBLIC AND PRESS

**Issue 1:**

When families need plans to help their parenting improve, these plans need to be robustly audited and quality assured so that it is clear what families have to do to improve.

**Expected outcomes/impact:**

- Managers and their teams understand what is expected of them and how performance and practice quality will be assessed.
- The key priorities are understood by managers and their teams.

**Diagnosis**

- A review of the existing social care case file audit framework, and discussion with managers, has confirmed managers found the audit tools and audit guidance too complex and therefore were not undertaking the audits as required. The audit tools need to be outcome focused.

| Action / Process | | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| 1.1 Implement a refreshed quality assurance framework for Children and Young People's Services to embed 'good' standards of practice. New quality assurance practice guidance produced with new, simpler outcome focused audit tools. | AD Safeguarding and Children's Service Improvement | Jan 14 | Mar 14 | COMPLETED - Quality Assurance Practice Guidance (2014) produced, signed off by the Director and launched in management and staff meetings. Guidance and 'good' standards published on the Council's intranet for all staff to access.<br><br>New outcome focused audit tool (based on Ofsted 'good' grade descriptors) for monthly casework audits focuses on impact and outcome rather than tasks and processes. | **Measure # 1a** - From April 2014, 100% of managers should complete case file audits (3 case file audits per month).<br><br>Baseline - 63% of managers completed 3 case files each in April 2014.<br><br>**Measure # 1b** - From April 2014, 100% of themed audits are completed as programmed. | September 2014 - New audit programme for 2014/15 commenced in April 2014 as planned.<br><br>Progress updates on the quality standards to be reported from May 2015 onwards.<br><br>The first themed audit (Child Protection (CP) thresholds) took place in April 2014. Learning have been shared across the service. |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | | Baseline - the planned thematic audit was completed in April 2014.<br><br>Outcome:100% compliance by managers across the service by Jan 2015 | **Final update March 2015:**<br>**COMPLETED**<br>Quality Assurance Framework (2014) reviewed and refreshed. New Quality Assurance Framework implementation April 2015.<br><br>Revised Audit programme to continue to provide robust quality assurance across CYPS measuring against updated Practice Standards (implementation April 2015) for all areas of children's social care. |
| 1.2 Launch the new audit programme:<br>• Establish a monthly programme of audits.<br>• All managers briefed of new requirements.<br>• Go live with new audit programme from April 2014. | AD Safeguarding and Children's Service Improvement | Mar 14 | Apr 14 | **COMPLETED** - Annual thematic audit programme agreed and launched in management meetings and team meetings. Requirement for managers to complete 3 case audits per month included in practice guidance and focuses on key practice improvement areas (e.g. supervision, analysis of needs, SMART plans, voice of the child, the offer of early help etc.)<br><br>The audits will check for evidence that it is clear what families have to do to improve their parenting. | **Measure # 1c** - % of cases consistently meeting 'good' standards.<br><br>Baseline - In April 2014, 46% of cases audited met 'good' standards.<br><br>Milestones<br>• Sept 2014, 55%.<br>• March 2015, 75%.<br>• Sept 2015, 90%.<br>• March 2016, 100%<br><br>**Measure # 1d** - cases | **September 2014** - Launch of the new quality audit framework by 30th April 2014 completed as scheduled. First thematic audit took place in April 2014. Managers undertook case file audits of 3 cases during April using new, higher standard audit tools. The starting baseline position has been set for improvement measures.<br><br>The headline results from the April 2014 audits were as follows; |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| | | | | The thematic audit programme comprises the following and complements existing management action to ensure consistency of practice: <br> 1. Child Protection Thresholds – April 2014 <br> 2. Closed / re-opened cases - May 2014 <br> 3. Early Help Assessments & Plans - July 2014 <br> 4. SMART Plans - Child Protection Plans, Care Plans & Pathway Plans - October 2014 <br> 5. Supervision - September 2014 <br> 6. Chronologies - January 2015 | audited demonstrate that it is clear what families have to do to improve their parenting. <br><br> Baseline - In April 2014, 44% of cases audited demonstrate that it is clear what families have to do to improve their parenting (including evidence of parents' feedback). <br><br> Milestones <br> • Sept 2014, 60% <br> • March 2015, 75% <br> • Sept 2015, 85% <br> • March 2016, 100% | • The general level of social work practice does not yet meet the required standard of "Good" <br> • The level of audit compliance needs to improve so that all managers complete 3 case file audits each month <br> • Service Managers need to comply with auditing requirements and complete moderation reports for their area <br> • The Manager's auditing skills and confidence in making grading judgements needs to be improved <br> • The audit cycle needs to include presentation at DMM and AMM to share audit feedback and seek agreement and sign up to next steps and learning <br> • Regular opportunities for promoting the learning from audit processes need to be scheduled into the work calendar. <br> Improvement actions have been agreed and implemented to achieve the practice standards set. <br> **Final update March 2015:** |

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PART 1 – MEMBERS, PUBLIC AND PRESS

| Action / Process | | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | | | <mark>COMPLETED</mark><br>100% Audit compliance for Jan 2015 & Feb 2015. Supervision Audit to be completed March 2015.<br>Residual actions to be reflected in the Service Improvement Plan. |

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PART 1 – MEMBERS, PUBLIC AND PRESS

**Issue 2:**

When children and families need an assessment, the assessment needs to be very clear in identifying children's needs. When making decisions about what level of help is required historical information about the family should be taken into account.

**Expected outcomes/impact:**

- Assessments consistently meet core standards, evidence needs, are analytical and highlight risks which need to be addressed.
- Historical information is evident and used as part of the assessment on every case record.
- There is strong and consistent management oversight of assessments to ensure standards are achieved.
- All managers and staff are consistently applying 'signs of safety' and evidence this in assessments of need.

**Diagnosis**

- Discussion with managers and staff confirmed that not all staff clearly understood the required practice and recording standards for assessments, including the need for comprehensive chronologies.

| Action / Process | | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| 2.1 Ensure an up-to-date chronology is evident on each case record and monitored for compliance. Re-launch standards for case chronologies. | AD Child Protection | Jan 14 | Mar 15 | **COMPLETED** - Information has been discussed / promoted in terms of key priorities for practice improvement, including the need for up-to-date chronologies. Measurement of chronology compliance introduced in monthly auditing programme Sept 2014<br><br>The first of a series of workshops on standards for chronologies will be held in October 2014 following scrutiny in monthly auditing Sept 2014 (no auditing completed July/August 2014) | **Measure # 2a** – All cases have an up-to-date chronology.<br><br>Baseline – The baseline will be set for new case work starting in Oct 2014. Action has been taken to address existing cases to ensure an up-to-date chronology is in place.<br><br>Milestones<br>• Oct 2014, 50%. | **September 2014** - Practice standards have been re-launched and communicated to all social work staff through management and team meetings. Mandatory chronology training for social work staff will be delivered in Oct 2014 and a baseline will be set for case chronologies at this point.<br><br>Performance continues to be being monitored closely by managers. |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | This to repeated three times a year. Exemplar chronologies will be shared with staff to raise standards. | • From Mar 2015, 100%. | **Final update March 2015:** <mark>COMPLETED</mark><br>Milestones for March 2015 not achieved.<br>Revised Practice Standards for case chronologies to be launched with core training programme in April 2015.<br>Residual actions for audits of chronology reflected in the Service Improvement Plan and QA Framework |
| 2.2 Re-launch and implement the standards required for single assessments and audit for compliance. | AD Child Protection | Jan 14 | May 14 | <mark>COMPLETED</mark> - Assessment standards re-launched. Statement of 'Key Priorities' for practice improvement has been produced for all staff and managers and shared widely across the service to set clear expectations about practice and quality standards. The standards set out 9 domains of good practice and cover all aspects of service delivery, recording and management oversight. These standards are:<br><br>• analysis of needs<br>• SMART plans<br>• case recording<br>• voice of the child<br>• performance management | **Measure # 2b** – All single assessments meet required case standards ('good').<br><br><u>Baseline</u> – The baseline of 47% for assessments that met 'good' standards has been set from June 2014 onwards following staff training and coaching.<br><br><u>Milestones</u><br>• Sept 2014, 60%.<br>• March 2015, 85%.<br>• From Sept 2015, 100%.<br><br>**Measure # 2c** - single assessments are completed | <mark>September 2014</mark> - New quality audit framework launched by 30th April 2014 as scheduled. First thematic audit took place in April 2014. Managers undertook case file audits of three cases during April.<br><br>The headline results from the April 2014 audits have been collated as follows;<br>• The voice of the child is not evident, or is very limited, in assessments, reports and enquiries/investigations.<br>• Evidence of drift and delay is apparent and is affecting outcomes. For example, drift |

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| | Action / Process | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | • the offer of early help<br>• social work is a professional role<br>• capturing family history<br>• management oversight / supervision<br><br>Improvements in standards / outcomes will be assessed through case file audits and performance reports. | in no more than 45 days. Risk assessments are completed in 10 days.<br><br>Baseline - 82% of assessments completed within 45 days in 2013/14. % of risk assessments completed within 10 days to be set from June.<br><br>Milestones (45 days)<br>• Sept 2014, 83%<br>• March 2015, 85%<br>• From Sept 2015, 90%<br><br>Milestones (10 days)<br>• From May 2014, 100% | and delay in completing assessments.<br>• Assessments are not sufficiently analytical and do not address risk.<br>• Partnership working with families is not evident and expectations of them is not clear<br><br>Improvement actions have been agreed and implemented to achieve the practice standards set.<br><br>**Final update March 2015:**<br>==COMPLETED==<br>- Audit findings have reported from May 2014 onwards to ensure that the timeliness of completing assessments is determined by the level of risk presenting. |
| 2.3 All assessments are seen and signed off by managers. Establish regular case file audits and review findings with managers and POD groups to agree improvement action. Establish practice that managers sign off all assessments. | AD Child Protection | Jan 14 | Mar 15 | Social Work Managers are conducting monthly case file audits from April 2014 to assess practice standards. Levels of outstanding sign offs and overdue recording have been targeted for immediate improvement.<br><br>Outcomes from the audit process are being evaluated and have been discussed with social work staff to | **Measure # 2d** - All assessments are signed off by managers.<br><br>Baseline – The baseline of 47% for assessments signed off by a manager will has been set using cases from June 2014. | ==September 2014== First thematic audit took place in April 2014. Managers undertook case file audits of three cases during April.<br><br>Identification of staff to be involved coaching, mentoring and training in the new practice standards will be identified in Oct 2014 due to delay in this taking |

| Action / Process | | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | identify themes and to put practice improvement action plans in place. | Milestones<br>• Nov 2014, 80%<br>• From Mar 2015, 100% | place due to change in senior management with the view it will commence Nov 2014. The baseline will be updated from Feb 2015 at the point that social work managers/staff training programme will have been running for three months |
| 2.4 Ensure 'signs of safety' (SoS) is fully embedded in practice. Undertake audits of practice and test understanding to inform further action required. Create revised plans where these are required (e.g. SoS CP Plan templates). | AD Child Protection and AD Safeguarding & Children's Service Improvement | Jan 14 | Mar 15 | COMPLETED - 'Signs of Safety' task and finish group with partnership involvement agreed by the LSCB on 28 March 2014.<br><br>COMPLETED - First meeting of the task and finish group held on 11.04.14. New child protection conference report template in draft for consideration by the Group. | Measure # 2e - All cases audited from July 2014 show that 'signs of safety' standards are consistently applied.<br><br>Baseline - 100% of cases audited where 'signs of safety' had been applied will be audited from Sept 2014 (no auditing took place July/Aug 2014)<br><br>Milestones<br>• From Sept 2014, 100% | September 2014 - From 9 July 2014 all CP conferences follow the Signs of Safety model.<br><br>Further information about the implementation of the new model is included within the LSCB Ofsted action plan.<br><br>Review of the implementation of signs of safety scheduled in December 2014. Not completed.<br><br>Final update March 2015: COMPLETED Review of the implementation of signs of safety scheduled in June 2015. |

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Children, Young People & Learning Policy Overview Committee – 18 March 2015

PART 1 – MEMBERS, PUBLIC AND PRESS

**Issue 3**

Managers of social work teams need to apply a consistent understanding of thresholds for services, so that children and families get the right help at the right time and that their cases are not closed too early before circumstances have improved.

**Expected outcomes/impact:**

- Managers and teams understand the thresholds for services.  Cases that are closed have consistent management oversight and management decision making and this can be evidenced in case recording.
- Case work has consistently strong management oversight.
- Audits of cases closed and open are undertaken to ensure consistent practice standards are being maintained.  Managers and teams learn from cases closed to improve practice.
- Care plans are SMART and drive positive improvements in the lives of children and their families.

**Diagnosis**

- Discussion with managers and staff, and audits of case files has confirmed that in a small number of cases in the social work teams the threshold was met for child protection, and services offered as children in need.  This therefore led to a delay in the appropriate service provision in some case work.

| Action / Process | | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| 3.1  Implement PAN London Continuum of Need, Domestic Violence Matrix and MASH protocol to underpin a consistent approach to the assessment of thresholds. Audit for compliance. | AD Child Protection | Jan 14 | Mar 15 | **COMPLETED** - The Pan London Continuum of need is embedded within MASH and Triage.  The DV Matrix and Protocol features as part of the ongoing MASH development plan.<br><br>LSCB Threshold Guidance in draft in light of refreshed London Safeguarding Children Board Continuum of Need. LSCB consultation underway following | **Measure # 3a** – All cases audited meet required thresholds.<br><br>Baseline – The baseline of 60% of assessments that meet the required thresholds will be set with cases from June 2014<br><br>Milestones | **September 2014** - The first thematic audit within the 2014/15 audit programme focused on child protection thresholds. Identification of staff to be involved coaching, mentoring and training in the new practice standards will be identified in Oct 2014 with the view it will commence Nov 2014.  The |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | Board meeting on 28.03.14. Scheduled for sign-off by LSCB in June 2014. Although the LSCB did provide sign-off the document was subsequently reviewed with further work being required to finalise the document. A dissemination plan is also required to ensure that all front-line workers are aware of the thresholds and their individual responsibilities. To be presented to the LSCB Dec 2104 for review for proposed final sign off.<br><br>The DCS and service managers will 'go back to the floor' to observe decision making within social work teams. | • Sept 2014, 80%<br>• From Mar 2015, 100% | baseline will be set from Feb 2015 at the point that social work managers/staff training programme has been running for three months 'Back to the floor' findings to be reported in Mar 2015 and will inform training.<br><br>**Final update March 2015:** <mark>COMPLETED</mark><br>With the improvement in Triage and MASH arrangements thresholds are now applied consistently at the 'front door'. This has led to a reduction in conversion rates from contact to referral and increased activity at the assessment stage and in child protection investigations.<br><br>Coaching and mentoring to be lead by the Practice Mentor in the Quality Assurance Service working with Learning and Development and Advanced Practitioners.<br><br>There will be an audit of thresholds in April 2015 which will inform further changes |

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| | Action / Process | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| 3.2  Review and produce assessment protocol in line with PAN London development and agree with partners.  Implement agreed protocol. | AD Child Protection | Jan 14 | Mar 15 | Assessment protocol drafted following consultation with relevant operational teams and services and aligned with thresholds guidance.<br><br>Draft assessment protocol has been circulated to Service Managers for consultation.  Aim for final sign off to coincide with LSCB in June 2014. Further work is required to align this with the threshold document. See 3.1 | **Measure # 3b** - All cases audited evidence management decision making.<br><br>Baseline – The baseline for the 47% of cases audited demonstrating management decision making will be set from June 2014.<br><br>Milestones<br>• Sept 2014, 85%<br>• From Mar 2015, 100% | **September 2014** Identification of staff to be involved coaching, mentoring and training in the new practice standards will be identified in Oct 2014 due to delay in this taking place due to change in senior management with the view it will commence Nov 2014. The baseline will be updated from Feb 2015 at the point that social work managers/staff training programme will have been running for three months<br><br>Case file audits are informing discussions with staff.<br><br>**Final update March 2015:** **COMPLETED** Case file audits now at 100% compliance and  are informing discussions with staff.<br><br>Coaching and mentoring to be lead by the Practice Mentor in the Quality Assurance Service working with Learning and Development and Advanced Practitioners. |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| 3.3 Evidence on the case record that all cases files are reviewed by team managers and meet required standards as part of the decision making process to close a case. | AD Child Protection | Jan 14 | Mar 15 | Social work managers and teams have been briefed on the required practice standards. Audit tools have been prepared and rolled out as part of the agreed audit programme.<br><br>Themes identified will be actioned and re-audited to follow up and measure for improvements after 6 weeks (see also 2.2 above for the action taken to re-launch practice standards).<br><br>The findings of audits will be reviewed and follow up actions, including briefings held with social work staff to ensure practice standards are embedded. | **Measure # 3c** - All cases closed evidence management sign-off.<br><br>Baseline – Baseline – The baseline of 18% for assessments that met 'good' standards has been set from in May 2014 following the scheduled thematic audit of closed/re-opened cases.<br><br>Milestones<br>• Sept 2014, 90%<br>• From Mar 2015, 100% | September 2014 - The second thematic audit of case files completed in May 2014 focused on closed cases.<br><br>The findings have been reported in June 2014 and have informed follow up actions to ensure practice standards are met.<br><br>Consistent decision-making will continue to be monitored through the audit programme.<br><br>**Update March 2015:**<br>Residual Action for Service Improvement Plan<br>Monthly Quality Assurance Meetings with Service Managers and Team Managers to review audit findings and agree key learning objectives. Review each month.<br>(QA Framework 2015)<br>Revised Milestones:<br>• March 15 - 35% deemed good<br>• Sept 15 - 50% deemed good |

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PART 1 – MEMBERS, PUBLIC AND PRESS

**Issue 4**

When children and young people need written plans in place to help improve their lives, the plans must be of a good quality so that they effectively drive the provision of high quality services to children.

**Expected outcomes/impact:**

- Managers and their teams understand and implement the standards required for care plans and pathway plans.
- Strong management oversight and evidence of management review of care plans exists.
- There is strong independent oversight and governance of the quality of care plans and the SMART objectives set. The independent review process drives up standards.

**Diagnosis**

- Discussion with managers and staff, and audits of case files has identified that some staff are not clear about the practice and recording standards required for care plans and pathway plans.

| Action / Process | | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| 4.1 Re-launch standards required for care plans and pathway plans. This to include the use of signs of safety in developing the plan, expected outcomes, how this will be measured and within stated timescales and SMART outcomes. | AD Child Protection and AD CIC, Permanency & Children's Resources | Apr 14 | Sep 15 | Practice standards have been re-launched and all social work managers and staff have been briefed about expectations. Individual managers are reviewing practice in supervision and group discussion is taking place in POD meetings to review practice issues and agree the changes required. A case file audit of practice standards was completed in April 2014. SMART practice guidance produced. Exemplars of SMART plans will be shared with staff. | **Measure # 4a** - All audited care plans are SMART and evidence management of risks and improving outcomes.<br><br>Baseline – The baseline of 53% of plans audited which were SMART and evidenced risk management has been set from June 2014.<br><br>Milestones<br>• Oct 2014, 60% | September 2014 All social work staff are receiving coaching, mentoring and training in the new practice standards.<br><br>The scheduled thematic audit of SMART plans in October 2014 will review progress.<br><br>**Final update March 2015:**<br>**Residual Action for Service Improvement Plan**<br>Revised Audit programme to continue to provide robust quality |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
|---|---|---|---|---|---|---|
| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| | | | | | • March 2015, 75% <br> • From Sept 2015, 100% | assurance across CYPS measuring against updated Practice Standards (implementation April 2015) for all areas of children's social care. |
| 4.2 Evidence of reflective supervision recorded on every case file. | AD Child Protection and AD CIC, Permanency & Children's Resources | Jan 14 | Mar 15 | Effective supervision is a priority for development. A new 'Supervision and Personal Development' file has been designed and recently implemented that brings together consistently across every team all key supervision policies and documents and personal development plans for all workers. Case recording of supervision on children's records has been reviewed for quality as part of the case file audits. <br><br> Observation of supervision practice will take place to assess quality of reflective supervision. | **Measure # 4b** - All cases audited evidence reflective supervision discussions. <br><br> <u>Baseline</u> – The baseline of 27% for supervision that met 'good' standards has been set from June onwards. <br><br> <u>Milestones</u> <br> • Sept 2014, 60% <br> • March 2015, 70% <br> • From Sept 2015, 100% | <mark>September 2014</mark> - Case file audits taking place each month to measure progress. A small number of responses were received from a survey of social work staff about the frequency and quality of supervision. The vast majority of respondents identified that they have formal supervision every 4-6 weeks. All respondents strongly agreed or agreed that supervision enabled them to be proactive rather than reactive, and the significant majority identified that supervision helps develop practice with clients and provides clear direction on case management. <br><br> A programme of observation of supervision is being developed and will be used to inform training will commence Oct 2015 |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| | | | | | | All social work staff are receiving coaching, mentoring and training in the new practice standards. The baseline will be set from Feb 2015 at the point that social work managers/staff training programme has been running for three months

Thematic supervision audit scheduled for September 2014.

**Update March 2015:**
**Residual Action for Service Improvement Plan**
A programme of observation of supervision to be lead by the Practice Mentor in the Quality Assurance Service working with Learning and Development and Advanced Practitioners.
Deep dive audit on supervision to be completed in August 2015 following supervision staff survey in July 2015. |
| 4.3  Implement an escalation procedure for Independent Reviewing Officers. | AD Safeguarding and Children's Service Improvement | Mar 14 | May 14 | **COMPLETED** - Existing procedure for escalating concerns has been reviewed and updated.

Re-launched at the end of May 2014. | **Measure # 4c** - The number of times the escalation procedures have been used (monitoring indicator – target not applicable). | **September 2014** - Revised procedure was launched in May 2014.  All Independent Reviewing Officers have been briefed on expectations and requirements. |

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| | Action / Process | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| | | | | | | In the period 01 May to 31 August there have been:<br>• Three (3) Stage 1 disputes - these have been responded to in the necessary timeframe<br>• One (1) Stage 2 dispute<br>• No Stage 3 disputes<br>• One (1) Stage 4 dispute - issue satisfactorily resolved.<br><br>The escalation policy is now embedded as "business as usual"<br><br>**Update March 2015:**<br>COMPLETED<br>Dispute Resolution to be re-launched April 2015 with training for staff provided by IROs |

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**Issue 5**

The independent reviewing service needs to be reviewed to ensure that it can meet its requirements to rigorously scrutinise and challenge the quality of child protection and care plans.

**Expected outcomes/impact:**

- The independent reviewing service rigorously scrutinises and challenges plans to ensure children and young people are safe and achieve their desired outcomes.

**Diagnosis**

A review of the Independent Reviewing Officer Service has found that staff who chair child protection meetings have a wide remit and therefore not always able to challenge practice where this is required.

| | Action / Process | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| 5.1  Prepare and agree terms of reference for a review of the scope and remit of the independent reviewing officer (IRO) service. | AD Safeguarding and Children's Service Improvement | Jan 14 | Mar 14 | **COMPLETED** - The terms of reference for the review were agreed and included the following three phases:<br>• IRO survey<br>• Best practice standards<br>• Stakeholder survey | **Measure # 5a** - The terms of reference for the review is agreed. | **COMPLETED** - The terms of reference for the review were agreed. |
| 5.2  Complete the review of the service and make recommendations for implementation.  To include observations of the child protection chairmen chairing conferences and auditing of minutes, decisions and child protection plans. | AD Safeguarding and Children's Service Improvement | Mar 14 | Apr 14 | **COMPLETED** - The review of the Independent Reviewing Officer Service including the survey has been completed.  Report with recommendations completed.<br><br>The review recommended the 'immediate' appointment of two additional IROs and splitting of the IRO | **Measure # 5b** - The review is completed and recommendations are agreed. | **COMPLETED** - The review has been completed and recommendations made for changes to enhance the Independent Reviewing Officer service. |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | / CP chairman role. New ways of working now subject to prototype testing with the Corporate Transformation Team. Appointment of two additional agency IROs agreed to enhance capacity.<br><br>Programme for observing chairmen picked up by new Independent Reviewing Service Manager and new Quality Assurance Manager in the week commencing 07.04.14.<br><br>Signs of Safety (SoS) implementation Task & Finish Group established. | | |
| 5.3  Implement recommendations from the review of the independent reviewing service. | AD Safeguarding and Children's Service Improvement | May 14 | Dec 14 | New ways of working are being developed and subject to the BID transformation programme. | **Measure # 5c** - All child protection reviews completed on time.<br><br>Baseline – 95.9% of child protection reviews were completed in time in 2013/14.<br><br>Milestones<br>• From April 2014, 100% | **September 2014** The recommendations from the review are in the process of being implemented.<br><br>Compliance and standards of Personal Education Plans (PEPs) for Looked After Children and impact and outcomes will be considered in all LAC reviews chaired by IROs.<br><br>**Update March 2015: COMPLETED**<br>97.2% CP conferences within times scale |

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**Issue 6**

Children and young people who need social work visits should always receive their statutory entitlement to these visits and they should be seen alone so that their views are always recorded, enabling them to influence plans for their protection and care.

**Expected outcomes/impact:**

- All statutory visits are undertaken for children subject to a child protection plan or looked after.  All visits are recorded correctly on the IT system. Managers have direct access to management information to ensure all visits are scheduled and undertaken.
- There is strong independent oversight of care plans and feedback to improve practice and recording.
- The views of children and young people are captured routinely and used to inform individual assessments, care planning and service developments.  Children and young people feel confident and comfortable in providing their views.

**Diagnosis**

- Discussion with managers and staff, and audits of case files has found that although in the majority of cases visits are undertaken and children are seen alone, this needs to be consistent and the views of the child needs to be considered fully and recorded in all cases.  All staff need to understand the practice standards, how to record visits accurately on the IT system and consistently evidence the views of the child.

| Action / Process | | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| 6.1  Chairperson reviewing child protection plans, care plans and pathway plans routinely monitor the evidence of the child's views recorded and use these to inform decision making. (Links to the review of the Independent Reviewing Service at issue 5 above). | AD Safeguarding and Children's Service Improvement | Jan 14 | Mar 15 | <mark>COMPLETED</mark> - Manual child protection conference monitoring reports have been reviewed by Independent Reviewing Service Manager, and implementation coincided with Signs of Safety launch on 09.07.14 and IRO new ways of working. | **Measure # 6a** – All plans reviewed evidence the views of the child (as appropriate) and how these have been used to inform decision making.  <u>Baseline</u> – The baseline of 40% for plans reviewed evidence the views of the child (as appropriate) and how these have been used | <mark>September 2014</mark> - Identification of staff to be involved coaching, mentoring and training in the new practice standards will be identified in Oct 2014 due to delay in this taking place due to change in senior management with the view it will commence Nov 2014.  The baseline will be updated from Feb 2015 at the point that social work |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | | to inform decision making. that met 'good' standards has been set from June 2014.<br><br>Milestones<br>• Sept 2014, 80%<br>• From Mar 2015, 100% | managers/staff training programme will have been running for three months<br><br>**Update March 2015:** **COMPLETED**<br>All LAC and CP cases are now reviewed within timescale. Robust weekly management monitoring meetings take place to track performance and follow up where appropriate.<br><br>Processes are now in place for IROs to undertake mid-point reviews of actions from LAC Reviews and progression of the care plan from April 2015. CP Chairs will undertake mid-point reviews of CP Plans from April 2015. |
| 6.2  Implement the standards required for visits and capturing the views of children and young people.  Confirm how to record a visit on the IT system and monitor for compliance. | AD Child Protection and AD CIC, Permanency & Children's Resources | Jan 14 | Mar 15 | Targets for improvement in visiting patterns have been agreed with all managers and held accountable by the Director at monthly performance challenge meetings. Significant improvement in statutory visiting is expected from September 2014 following implementation of the managed service initiative.  IT reports for managers to track visits are in | **Measure # 6b** – 100% of statutory visits for children subject to a child protection plan or looked after are completed on time.<br><br>Baseline – The % of statutory visits that took place as planned as at 19 May 2014. | **September 2014** - Social work staff and managers have been briefed on the requirements for practice standards, including visits (e.g. seeing a child alone), views of the child, and how to ensure this is recorded correctly.<br><br>The quality of recording of CP and LAC visits on the ICS |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| | | | | place. | • LAC – 91.3%<br>• CP – 96%<br><br>Milestones<br>• Sept 2014, 95%<br>• Dec 2014, 97%<br>• From Mar 2015, 100%<br><br>**Measure # 6c** – 100% of children are seen alone, (where age appropriate / required).<br><br>Baseline – The baseline of 68% was confirmed by case file audits from June.<br><br>Milestones<br>• Sept 2014, 95%<br>• Dec 2014, 97%<br>• From Mar 2015, 100% | Protocol system is a focus area to ensure that performance outcomes are accurately reflected in milestone metrics.<br><br>Statutory visit performance data is monitored fortnightly at the CYPS Performance Monitoring Board that is chaired by the Chief Executive.<br><br>**Update March 2015:**<br>COMPLETED<br>All LAC and CP cases are now reviewed within timescale and recorded on ICS Protocol. Robust weekly management monitoring meetings take place to track performance and follow up where appropriate.<br><br>Feedback collated from staff and will be incorporated in refreshed Practice Standards April 2015 Visits guidance is produced on seeing children alone and a programme of observations and visits are implanted by the end of April 2015. |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| 6.3 Review the use of 'Viewpoint' as a tool to capture the views of children and young people. Discuss the tool with children and young people and use feedback from staff also. Make recommendations for changes with an implementation timetable. | AD Safeguarding and Children's Service Improvement | Jan 14 | Mar 15 | Terms of reference for a "Viewpoint" review agreed in May 2014 with review taking place in June 2014 has not happened due to Senior Management changes.<br><br>This is planned to begin Oct 2014 and be led by the Corporate Parenting manager in consultation with the Participation Officer, 'Step-Up', the IRS manager, IROs, the Children in Care Team Manager and Service Manager, the Resources Team, Foster Carers and residential staff. Draft proposals to be presented at the Corporate Parenting Board Nov 2014. | **Measure # 6d** – All cases audited evidence the views of the child are recorded and evidence their views have been considered (dependent on appropriate age and understanding of the child).<br><br>Baseline – The baseline of 40% for plans reviewed evidence the views of the child (as appropriate) and how these have been used to inform decision making. that met 'good' standards has been set from June 2014.<br><br>Milestones<br>• Sept 2014, 80%<br>• Dec 2014, 90%<br>• From Mar 2015, 100% | September 2014 Identification of staff to be involved coaching, mentoring and training in the new practice standards will be identified in Oct 2014 due to delay in this taking place due to change in senior management with the view it will commence Nov 2014. The baseline will be updated from Feb 2015 at the point that social work managers/staff training programme will have been running for three months<br><br>Findings from case file audits have been reported from June 2014 onwards.<br><br>**Update March 2015:**<br>**Residual Action for Service Improvement Plan**<br>'Viewpoint' to be re-launched 2015. Report to Corporate Parenting Board March 2015 (Appendix X - 'Viewpoint' Report to Corporate Parenting Board). Residual actions reflected in Service Improvement Plan. |

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**Issue 7**

Looked after children's educational outcomes need to improve, and the virtual school needs to systematically track progress and take action that closes the gap in attainment as rapidly as possible.

**Expected outcomes/impact:**

- All looked after children have a Personal Education Plan and the plan is outcome focused.
- Up to date plans are in place for every child looked after and action is agreed and being achieved to raise attainment rapidly for children.
- An electronic PEP document is in place and accessed by all professionals including the foster carer; and by the young person. This will enable schools to take a lead role in PEP completion.
- Educational tracking systems for children looked after provide information about which children are / are not achieving their educational targets and those which may require further support.

**Diagnosis**

The use of tracking systems and the data from these systems to monitor the educational attainment of looked after children needs to be developed further. New monitoring systems have been implemented since the inspection (Welfare Call). Roles and responsibilities for monitoring and completing PEPs required clarification.

| Action / Process | | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| 7.1 Review and improve tracking systems for educational progress and implement recommendations – including launch of new Welfare Call service to track attendance etc. to raise educational attainment. | Head of Virtual School | Jan 14 | Mar 14 | COMPLETED - New 'Welfare Call' service (called 'Track') went live in Hillingdon from January 2014. The service gathers information from teacher assessments on a termly basis and any formal assessments to track the attainment of each looked after child. | **Measure # 7a** - From April 2014 termly reports are updated showing the attainment of each child looked after. | September 2014 - New termly reports are being received from Welfare Call and used to inform management decisions. All attainment data will be added to the ePEP in real time.<br><br>Curriculum and assessment procedures are changing from September and the impact of |

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|---|---|---|---|---|---|---|
| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | | | these have yet to be determined. **Update March 2015:** Residual Action for Service Improvement Plan Decision made to develop tracking and monitoring system within ePEP so that all attainment and progress data is contained within one system accessible to SWs, DTs, VSCs and FCs. Date for completion set for 13th April, 2015. |
| 7.2 Review Personal Education Plans (PEPs) to ensure that SMART targets are in place and agreed actions are completed to raise attainment. | Head of Virtual School | Jan 14 | Mar 15 | Agreed that with effect from April 2014, all PEPs will be led by the Virtual School. All priority plans reviewed to date, including: • Schools where the Virtual School had concerns about the quality of plans. • Individual concerns brought to the attention of the Virtual School. • All children in transition, statemented pupils and those pupils in independent schools • Pupils attending alternative provision and part-time programmes. | **Measure # 7b** - All school age children looked after have an up-to-date SMART PEP. Baseline – 94% of children looked after with an up-to-date PEP at the end of March 2014 (school age children). Milestones • Sept 2014, 98% • From Mar 2015, 100% | September 2014 - New ePEP system is being implemented from 03 November 2014. The milestone of 98% is not yet being achieved due to the transition between the interim system and the new ePEP system. **Update March 2015:** Residual Action for Service Improvement Plan Amendments to be made to ePEP so that Action Plans |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| | | | | • Transfer years (pupils in year 6 and year 11). | | agreed can be SMART by 13th April 2015. LA policy that all PEPs led by VS, together with changes to statutory guidance July 2014 increased number of PEPs to be completed by approximately 60% which VS does not have the capacity to deliver.  Interim solution of 2 extra VS Officers for 12 weeks whilst longer term solution sought. |
| 7.3 Deliver training and briefings to carers, social workers and designated teachers to raise understanding of the PEP process and their roles and responsibilities in raising educational attainment | Head of Virtual School | Jan 14 | Mar 15 | Rolling programme of training being delivered to foster carers to improve their understanding of target setting and use of Pupil Premium Plus.  This includes new carers and established carers.<br><br>Pod Coordinators and IROs have been trained in the use of the ePEP system and they will be able to support the delivery of training to social workers.<br><br>Training for designated teachers is scheduled for 15 and 16 October. | **Measure # 7c** – all designated teachers and social workers attend PEP training.<br><br>Milestones<br>• By the end of September 2014 all (100%) designated teachers and social workers attend PEP training. | <mark>September 2014</mark> - Training has been delivered to foster carers. On track to deliver four training sessions (2 x induction and 2 x follow-up) to foster carers by March 2015.<br><br>**Update March 2015:**<br><mark>COMPLETED</mark><br>Foster Carers have had training on raising the attainment of LAC by LFA in addition to training on EHC Plans and management of behaviour for education.<br><br>DTs and social workers have had training on the ePEP system and further training planned for summer in relation |

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| | | Action / Process | | | | Improvement Targets and Outcomes | |
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| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | | | to what constitutes an effective PEP, new Statutory Guidance, the use of the PPP, admissions, exclusions, education placement change, responsibilities and accountability etc. |
| 7.4 Review and implement changes to the Personal Education Plan (PEP) process and make use of the ICS IT system to record / store PEPs. | Head of Virtual School | Jan 14 | May 14 | **COMPLETED** - New processes created with supporting guidance for social workers and the Virtual School to clarify roles, responsibilities and expected standards.  The new processes have been piloted during April 2014 and have gone live.<br><br>The changes will allow the Virtual School to monitor interventions and progress more effectively. | **Measure # 7d** - By May 2014, new processes agreed and fully implemented to support effective monitoring of interventions and progress. | **September 2014** - New processes agreed and implemented.  ePEP goes live on 03 November.<br><br>**Update March 2015:** **COMPLETED** From January 2015, decision taken that VS Officers store all new PEPs on ePEP system. Training is on-going for SWs who are being asked to store any PEPs undertaken by them on ePEP system but this is not yet consistent ;  5 separate training sessions offered,   23 SWs trained so far. |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| 7.5 Review and make recommendations to establish a fully electronic Personal Education Plan (PEP). Subject to approval, prepare an implementation plan. | Head of Virtual School | Jan 14 | Sep 14 | **COMPLETED** - Funding approved for new ePEP system and contract agreed. Implementation commenced September. | **Measure # 7e** - By Sept 2014, recommendations for a new IT system to underpin effective working arrangements are made. | **September 2014** - New ePEP system goes live on 03 November 2014. Training has commenced to ensure that all users understand their responsibilities for ensuring school aged LAC have a SMART PEP. **Update March 2015: COMPLETED** System developed and implemented and ePEP "live" date deferred to 13th April to allow time for amendments to make PEP compliant with PEP statutory guidance, outcome focused and to provide a tracking and monitoring system. ePEP accessibility by Foster Carers will be after the "live" date. |
| 7.6 Implement the new arrangements for distribution of Pupil Premium Plus (PPP) to maximise the use of the funding to raise educational attainment. Agree with Schools Forum on 8th May 2014 and Strategic Schools Partnership Board (SSPB) on 9th May the guiding | Head of Virtual School | Feb 14 | May 14 | **COMPLETED** - Paper was prepared and considered by the Schools Forum on 8th May and SSPB on 9th May. Allocation of Pupil Premium Plus will be based on pupil need and could include pooling of resources to meet needs where required. The report being presented to the | **Measure # 7f** - By March 2015, the percentage of looked after children in care for 12 months who achieved 5+ A*-C grades at GCSE and equivalent including English and Maths will meet at least the average for Hillingdon's statistical neighbours. | **September 2014** - Paper presented to Schools Forum and Schools Strategic Partnership Board (SSPB) in May. Distribution of PPP agreed at Schools Forum on 18 September and Hillingdon Secondary Head Teachers (HASH) on 22 September. The |

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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| principles and the model of operation to target resources (PPP). Recommend to the Forum the plan to agree the commissioning priorities to raise educational attainment. | | | | Forum / Partnership Board recommends commissioning priorities (e.g. one to one tuition).<br><br>Alternative providers for 1:1 tuition and on-line learning support have been interviewed and will be trialled to provide further support to those pupils who are not meeting their targets.<br><br>Referrals continue to be made for additional tuition/ on-line tuition. | **Measure # 7g** - By March 2015 the percentage of school-age looked after children who were attending a school that were assessed as being below the floor targets at Key stage 2 or Key Stage 4 will be better than the average for Hillingdon's statistical neighbours.<br><br>The percentage of LAC in care for 12 months who achieved 5+ A*-C grades at GCSE and equivalent including English and Maths did not meet the average for Hillingdon's statistical neighbours in 2014. | PPP will be embedded in the new ePEP system.<br><br>Preliminary 2014 GCSE results were discussed at the Corporate Parenting Board (CPB) education sub-group. These preliminary results will be tabled at the full CPB on 17 November.<br><br>**Update March 2015:**<br>**Residual Action for Service Improvement Plan**<br>Model of operation to target PPP resources not implemented. 2014-2015 PPP being devolved to school in March 2015, some having been used on commissioning 1:1 tuition, Book Trust to increase literacy and incentives to encourage LAC. |

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**Issue 8**

Care leavers who wish to seek education, employment and training should be better supported to access these services, so that young people can choose the best option for them. This is particularly necessary for employment, through the provision of schemes such as work placements or vocational training.

**Expected outcomes/impact:**

- Managers and their teams understand and implement the standards required for care plans and pathway plans. All carer leavers have an up-to-date PEP and SMART pathway plan.

**Diagnosis**

Pathway plans need to be developed to be clear about the tasks and who is responsible for each task. Services leading to suitable work experience or vocational training are not well developed. Some social workers were unclear about the practice standards for pathway plans.

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<tr><th colspan="5">Action / Process</th><th colspan="2">Improvement Targets and Outcomes</th></tr>
<tr><th>Action</th><th>Lead</th><th>Start Date</th><th>End Date</th><th>Progress – Actions</th><th>Performance Measures and Milestones</th><th>Progress – Outcomes and Key Targets</th></tr>
<tr>
<td>8.1 Implement standards required for care plans and pathway plans and monitor for compliance.</td>
<td>AD CIC, Permanency & Children's Resources</td>
<td>Jan 14</td>
<td>Mar 15</td>
<td>The standards for creating and maintaining pathway plans have been re-launched to social work teams and managers as part of the refresh of the 9 social work practice standards.

Audit of PEPs underway (with an expected reduction of overdue PEPs following the implementation of an improvement plan)</td>
<td>**Measure # 8a** - 100% of care leavers have an up-to-date pathway plan.

Baseline – The baseline will be confirmed by case file audits from June.

Milestones
- Sept 2014, 80%
- Dec 2014, 90%
- From Mar 2015, 100%</td>
<td>September 2014 - All social work staff are receiving coaching, mentoring and training in the new practice standards. The baseline for pathway plans will be set from June 2014 at the point that the social work managers/ staff training programme has been running for three months.

Audit findings to be reported from May 2014 onwards as a measure of progress.

**Update March 2015:**</td>
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress – Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| | | | | | | <mark>COMPLETED</mark><br>Staff have undertaken training in national standards through West London Alliance training.<br><br>Percentage of care leavers with a plan is now 98 %. |
| 8.2 Review the services and support available to care leavers to access and maintain education, employment and training to best meet their needs and make recommendations for further changes. | Head of Early Intervention Services | Jan 14 | Mar 14 | <mark>COMPLETED</mark> - A Member-led Policy Overview Committee review of support for Care Leavers was completed and reported to Committee in March 2014. The recommendations included: developing work placement opportunities, information sharing between agencies / Council departments to promote opportunities to care leavers. | **Measure # 8b** - Complete the review of 'Improving Outcomes for Care Leavers Not in Employment, Education or Training' and recommend changes. | <mark>COMPLETED</mark> - Review completed and recommendations agreed March 2014. |
| 8.3 Implement dedicated, targeted support for care leavers to ensure they secure and sustain their placement in employment, education or training. | Head of Early Intervention Services | Mar 14 | Jun 14 | Approval for agency worker provision Key Worker resource to work with NEET care leavers has been agreed (post 4134). | **Measure # 8c** – % of care leavers Not in Employment, Education or Training (NEET) is in the top quartile.<br><br><u>Baseline</u> – Baseline for care leavers which were NEET as at 31 March 2014 will be available in June 2014.<br><br><u>Milestone</u><br>• By March 2015, the % of care leavers Not in | <mark>September 2014</mark> - Work is underway to enhance the existing service.<br><br>The percentage of NEET for quarter one 2014/15 to be reported later in the year.<br><br>**Update March 2015:**<br>**Residual Action for Service Improvement Plan**<br>Extra member of staff employed within LAC virtual school for |

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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress – Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| | | | | | Employment, Education or Training (NEET) achieves at least the top quartile for Hillingdon's statistical neighbours | NEETS Virtual school action plan focus on NEET improvement. |

**Issue 9**

Improve the quality of audit and of performance reporting so that it drives an embedded culture of rigorous performance management which transforms the standards of social work practice.

**Expected outcomes/impact:**

- A SMART Group plan for CYPS is in place which sets a clear direction of travel to share with managers and their staff.
- All managers and their teams have SMART targets and can see how their team is contributing to the plan for CYPS.
- Managers and their teams understand what is expected of them, key risks and how performance and practice quality will be assessed.
- All managers have a good understanding and strong management oversight of the performance and quality of practice and take action to address actual and anticipated risks.
- Managers understand and use management information from the IT system to ensure practice standards are met.

**Diagnosis**

A review of the existing performance and quality frameworks found that the existing quality assurance framework and case audits were not being applied consistently by some managers.  Not all managers were using the IT management information reports available.  Some managers said the reports needed to be simplified.  There needs to be more analysis to explain performance.

| Action / Process | | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| 9.1  Review and refresh the Children and Young People's Service (CYPS) Group Plan with a clear 'mission' and SMART targets. | DCS | Jan 14 | Apr 14 | COMPLETED - The Group Plan has been produced and cascaded to service areas to prepare their own plans. | **Measure # 9a** - By April 2014, a Group plan and targets are in place for CYPS. | COMPLETED - The Group Plan for Children and Young People's Services is in place and was presented to CMT in June 2014. |
| 9.2  All CYPS teams have a SMART plan and targets in place, including PADAs. | DCS | Jan 14 | Apr 14 | COMPLETED - Service areas and teams have plans in place.  A sample of social work staff PADAs will be audited to check for compliance and target setting.  Six monthly reviews | **Measure # 9b -** By April 2014, service areas have a plan with clear targets.  By April 100% of staff in CYPS have a PADA in | COMPLETED - All service areas have a service plan in place. These are being reviewed / checked.  PADA targets have been rolled out to social work staff.  PADA checks |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
|---|---|---|---|---|---|---|
| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | of PADA targets will take place to ensure targets are being progressed. | place. | underway to ensure all PADAs have been signed off. |
| 9.3 Develop and re-launch integrated performance and quality framework. | AD Safeguarding and Children's Service Improvement and Head of Performance & Improvement | Jan 14 | Sep 14 | **COMPLETED -** Launched new monthly performance challenge sessions in February 2014 led by the Director to review with service and team managers performance against key targets and practice standards. The new performance challenge meetings are focusing on each service area to review their key performance priorities for dissemination into individual PADAs.

New quality assurance practice guide completed in March 2014 (see 1.1 above).

From July 2014, the findings from audits will be incorporated into Challenge Sessions to drive qualitative and quantitative improvements in performance. | **Measure # 9c** – Launch the new performance challenge meetings.

100% of service managers and team managers attend the new monthly performance challenge sessions. | **September 2014 -** 100% of service managers have attended the new performance challenge meetings to date.

**Update March 2015:** **COMPLETED** New QA Framework to be implemented April 2015. Monthly Quality Assurance Meetings with Service Managers and Team Managers to review audit findings and agree key learning objectives. Review each month. (QA Framework 2015) |
| 9.4 Introduce a weekly review of key targets / indicators at CYPS SMT. | Head of Performance & Improvement | Jan 14 | Feb 14 | **COMPLETED** - New weekly key performance indicator report in place for agreed areas of practice providing managers with worker and case specific information to query performance and follow up on any actions required.  The new report is | **Measure # 9d** - Weekly key performance targets tracking report established and available to CYPS SMT and all service and team managers. | **COMPLETED** - New weekly report launched and progress reviewed at monthly performance challenge meetings chaired by the Director with senior managers.  This is distributed to all Service and Team Managers and provides data at an individual |

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|---|---|---|---|---|---|---|
| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | supporting a change in culture. | | team and allocated case worker level.<br><br>A high-level weekly dashboard and data reconciliation tracker is produced and promulgated to senior managers.  This is reviewed fortnightly at the CYPS Performance Monitoring Board chaired by the Chief Executive. |
| 9.5  Use existing management forum to agenda regular audit learning seminars to continually review audit processes, including; findings; learning action(s); evidence of impact and outcomes.  Produce a quarterly audit learning briefing for the service. | Assistant Directors and Heads of Service | Apr 14 | Mar 15 | A standing item is included on the agenda of Divisional Management Meetings and All Managers Meetings about the audit programme to report audit activity, findings and learning.  First scheduled session will feedback the findings of the thresholds thematic audit.  A new quarterly quality assurance briefing will be prepared from quarter 1 onwards to summarise audit activity, findings and learning.  The social work practice improvement officer will disseminate learning through team meetings, bitesize sessions etc.. and standards will be re-tested. | Measure # 9e - The quarterly audits report demonstrates clear and continuous improvements in practice standards. | September 2014 - The findings from case file audits will be reviewed during quarter 1 & 2 and the key practice changes / learning implemented.<br><br>Update March 2015: COMPLETED New QA Framework implemented and finding reported to Service Managers Meeting. |
| 9.6  Establish new SMT performance and quality report which underpins effective governance– to include performance, quality, analysis | AD Safeguarding and Children's Service Improvement | Feb 14 | Jul 14 | A new safeguarding report was presented at the Member-led Safeguarding Review Board meeting on 12th March 2014.  A copy of the Kent, Harrow and Essex performance | Measure # 9f – launch a new performance / quality framework for social work managers and teams. | September 2014 - Work continues to define the SMT performance and quality report.  Specific performance reporting for the managed service model was implemented in |

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|---|---|---|---|---|---|---|
| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| and explanations, and action taken / being taken.  The quality report for the Policy Overview Committee to include audit findings and performance results (links to action 9.5). | and Head of Performance & Improvement | | | scorecard is being reviewed to develop performance and quality reporting.<br><br>Work is underway to develop a new children's pathway scorecard incorporating the findings from audits of practice standards. | September.<br><br>Milestones<br>• By April 2014, all Heads of Service have SMART targets.<br>• By July 2014, performance and quality reports for the children's pathway include the findings / analysis of case file audits. | September.<br><br>Core practice targets have been agreed for Assistant Directors (detailed in the CYPS Group and Service Plans).<br><br>The findings of case file audits will be introduced into performance reports from July onwards. No audits completed July/August 2014, therefore this will begin Oct 2104 following Sept audit<br><br>**Update March 2015:**<br>==COMPLETED==<br>Implementation of quality assurance framework and reporting to SMT in place |
| 9.7  Training is delivered to all managers to access management information reports directly. | Service Manager ICT | Feb 14 | Jul 14 | ==COMPLETED== - Discussions have been held with ICT about the support to be provided by the POD co-ordinators and training will be rolled out from May 2014 when POD co-ordinators are appointed. | **Measure # 9g** - % of managers trained to access IT reports.<br><br>Milestone<br>• By the end of July 2014, 100% of managers have received training to access IT reports. | ==COMPLETED== - Managers have received individual training as required to access the available IT reports.  A number of reports have been re-written following feedback from managers.<br><br>Pod Coordinator "Investigation and Problem Solving" training was delivered in the period 18 August to 01 September.  This included a section on ICS Performance |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
|---|---|---|---|---|---|---|
| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| | | | | | | Reporting that would enable the Pod Coordinators to provide support to managers to run reports.<br><br>The Performance & Intelligence Team have attended team meetings to explain how to interpret the reports that are distributed, and what actions will be required. |

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**Issue 10**

Improve corporate parenting responsibilities across the partnership to ensure services to looked after children improve and support children to achieve their aspirations.

**Expected outcomes/impact:**
- Priorities for supporting looked after children are agreed by the Board and understood by all leads from services.
- The Corporate Parenting work plan is agreed setting clear priorities, targets and SMART actions to achieve these.
- Changes to governance and the terms of reference support the delivery of improved outcomes for looked after children in Hillingdon.
- Member-led work-groups established to deliver defined priorities and targets from the work plan.
- Information presented to the Board underpins strong governance and supports discussion about the effectiveness of services to improve the life chances of looked after children, progress towards targets and improvement action required.

**Diagnosis**

The priorities for the Board and the arrangements to achieve the priorities required review and updating.

| | Action / Process | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| 10.1 Refresh Corporate Parenting Strategy and priorities and agree with Corporate Parenting Board. | AD Safeguarding & Children's Service Improvement | Jan 14 | Apr 14 | <mark>COMPLETED</mark> - Updated Corporate Parenting Strategy was signed off at the Corporate Parenting Board on 24th March 2014. Board membership reviewed and now includes senior partner representatives. | **Measure # 10a** - Priorities are agreed with the Corporate Parenting Board by end of April 2014. | <mark>September 2014</mark> - Priorities were agreed with the Corporate Parenting Board by end of April 2014. **Update March 2015:** <mark>COMPLETED</mark> Work Programme 2014/2015 to be agreed at Corporate Parenting Board March 2015. |
| 10.2 Review the Corporate Parenting Work Plan and subgroup arrangements and recommend | AD Safeguarding & Children's Service | Jan 14 | Feb 14 | <mark>COMPLETED</mark> - Recommendations agreed at the Corporate Parenting Board on 24th March 2014. | **Measure # 10b** – The Corporate Parenting Board work plan is | <mark>September 2014</mark> -Corporate Parenting work plan was reviewed and recommendations were agreed |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
|---|---|---|---|---|---|---|
| Action | Lead | Start Date | End Date | Progress - Actions | Performance Measures and Milestones | Progress – Outcomes and Key Targets |
| changes to support the delivery of the new Corporate Parenting Strategy. | Improvement | | | Democratic Services has supported the set-up of new sub groups to reflect CPB priorities. These are thematic groups chaired by an Elected Member and a lead officer to implement 1 or 2 specific initiatives or projects for/with children and young people. Board to sign-off workplan. | reviewed and recommendations agreed by the end of February 2014. | at the end of February 2014.<br><br>**Update March 2015:** COMPLETED Work Programme 2014/2015 to be agreed at Corporate Parenting Board March 2015. |
| 10.3 Review the governance arrangements and terms of reference with the Board chairman and sub-group chairmen. Revise the terms of reference and governance arrangements if required. | AD Safeguarding & Children's Service Improvement | Jan 14 | Mar 14 | COMPLETED - All sub-groups have terms of reference and an agreed chairman. Update reports from each sub-group will be scheduled. | **Measure # 10c** - Changes to the governance and delivery of corporate parenting priorities are agreed by the end of March 2014. | COMPLETED - Changes to the governance and delivery of corporate parenting priorities were agreed by the Board by the end of March 2014. |
| 10.4 Launch new member-led Corporate Parenting work-groups to target and progress agreed priorities. | AD Safeguarding & Children's Service Improvement | Feb 14 | Mar 14 | COMPLETED - Ground work for Corporate Parenting Board sub-groups completed in February 2014 and agreed at the March meeting of the Board. | **Measure # 10d** - New Corporate Parenting work-groups agreed by the end of March 2014. | COMPLETED - New Corporate Parenting work-groups were agreed by the end of March 2014.<br><br>Sub-groups agreed as:<br>• Education<br>• Social Development and Participation<br>• Health and Wellbeing<br>• Care Leaving/Transition<br>• Safeguarding/Staying Safe |
| 10.5 Review the information presented to the Board to support the Board in their governance role. Recommend and implement agreed changes. Provide the findings of thematic | AD Safeguarding and Children's Service Improvement | Jan 14 | Jul 14 | Thematic audit programme and performance information was to be agreed through the Performance Audit and QA subcommittee Sept 2014. | **Measure # 10d -** A new performance and quality report is designed to underpin the Corporate Parenting Board. | September 2014 - Work is underway to review the information the Board and each sub-group requires to monitor progress against the priorities for the Board and the |

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| Action / Process | | | | | Improvement Targets and Outcomes | |
|---|---|---|---|---|---|---|
| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| audits to the Board with action plans and improvements. | and Head of Performance & Improvement | | | | | outcomes for children and young people. Consideration is being given to national monitoring / comparisons as well as local requirements.<br><br>**Update March 2015:**<br>**Residual Action for Service Improvement Plan**<br>Residual actions to be reflected in Service Improvement Plan and QA Framework. |

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**Issue 11**

Maintain sustained efforts to recruit experienced staff and ensure that all staff receive regular supervision in line with the council's supervision policy.

**Expected outcomes/impact:**

- A stable workforce with a lower turnover of permanent staff by reducing reliance on agency staff. The focused six month target is to recruit at least 40 Social Workers by July 2014.
- Managers and staff understand what is expected of them and supervision takes place in accordance with the supervision policy.
- Improved recruitment process that benefits the authority and the applicant.
- Improved investment in new starters in order to improve retention.

**Diagnosis**

- From discussion with social work staff (agency and permanent staff) who have left Hillingdon, reasons for leaving have been identified as the travel / long-distance to work from home, remuneration and benefits, and also opportunities elsewhere for further development and learning.
- From workshops, surveys, and discussions with new starters who have worked in Hillingdon for 3-6 months, staff feel valued by their immediate managers but would welcome a greater focus on induction.
- Feedback on the application process highlights requirements for re-design of the end-to-end 'whole recruitment system' to include defining of roles and responsibilities.

| Action / Process | | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| 11.1 Review, refresh, and implement a workforce plan and targets, including a benefits package, which recruits and retains social work staff. | Assistant Directors and Head of HR | Jan 14 | Mar 16 | Recruitment and retention strategy drafted and agreed with the Director. Key elements of the strategy include: <br><br>• Review of the social worker benefits package, led by the Corporate Transformation Team. <br>• Valuing staff through training, development of a social work academy, and career progression | **Measure # 11a** – recruitment of social work staff. <br><br>Milestone <br>Focused six month activity to recruit 30 permanent social workers by July 2014, and make offers for a further 10 permanent social work posts. | **September 2014 -** The immediate focus on recruitment in frontline services has been to stabilise the workforce through quality frontline agency workers and interim senior managers. <br><br>Permanent recruitment is currently on hold pending the |

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| | Action / Process | | | | Improvement Targets and Outcomes | |
|---|---|---|---|---|---|---|
| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| | | | | for all social workers and managers. <br>• Development of a Marketing Plan that presents the London Borough of Hillingdon as an excellent employer of social workers (to be supported by messages from children and young people, parents and staff). <br>• Development and implementation of a revised and refreshed application process and applicant pack to provide applicants with the best opportunity to demonstrate ability to meet the person specification and enable recruiting managers to shortlist effectively. <br>• Targeted recruitment with specific agencies, including recruitment of six (6) permanent social workers from overseas. <br>• 'Grow your own' - current NQSW cohort remaining with LBH and progressing to SO2 posts (x2 May 2014 and x11 December 2014). <br>• Social Work students to be offered interviews to take up NQSW posts (x1 May 2014 and x3 November 2014). | **Measure # 11b** - % HCPC permanent social work staff to % agency staff. <br><br>Baseline – as at April 2014, 63% of HCPC social work staff are permanent and 37% are agency staff. <br><br>Milestones <br>• Sept 2014 – 70% permanent, 30% agency <br>• March 2015 – 77% permanent, 23% agency <br>• Sept 2015 – 80% permanent, 20% agency <br>• March 2016 – 90% permanent, 10% agency <br><br>Recruitment Marketing and Advertising Plan to be completed by 31 July 2014. <br><br>Refreshed end-to-end CYPS "whole recruitment system" to be implemented by 30 September 2014. | development of a wider recruitment campaign which is planned to commence in January 2015.  The Recruitment Marketing and Advertising Plan will therefore be developed and agreed by 28 November 2014. <br>The additional capacity delivered through the managed service model will assist with stabilising the workforce (best practice average case workloads will be a positive story for a recruitment campaign). <br>The September milestone for the permanent to agency split (70% and 30% respectively) will not be achieved due to the change in focus of using agency staff to stabilise the workforce. <br><br>**Update March 2015:** <br><mark>**Residual Action for Service Improvement Plan**</mark> <br>See Recruitment strategy within the Service Improvement plan |

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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| 11.2 Ensure staff receive regular supervision. | Assistant Directors, Heads of Service, and Learning & Development Officer | Jan 14 | Mar 15 | In progress.  Re-launch of existing supervision policy providing guidance for Managers and staff on supervision practice.<br><br>Clarity has been given to managers about the role of the POD (group work) and communication to teams re: difference between POD Supervision and 1-1.<br><br>New supervision /personal development  folder launched to provide a common standard for all social work managers.<br><br>Leadership and management programme under development for all social work managers in 2014 to help embed core practice standards and underpin stability in the workforce. | **Measure # 11c** – % of social work staff which receive supervision.<br><br>Baseline – The baseline of 27% for supervision that met 'good' standards has been set from June onwards.<br><br>Milestones<br>• Sept 2014, 85%<br>• March 2015, 100%. | <mark>September 2014</mark><br>Supervision policy re-launched for social work staff. Identification of staff to be involved coaching, mentoring and training in the new practice standards will be identified in Oct 2014 due to delay in this taking place due to change in senior management with the view it will commence Nov 2014.  The baseline will be updated from Feb 2015 at the point that social work managers/staff training programme will have been running for three months<br><br>**Update March 2015:**<br>**Residual Action for Service Improvement Plan**<br><br>A programme of observation of supervision to be lead by the Practice Mentor in the Quality Assurance Service working with Learning and Development and Advanced Practitioners.<br>Deep dive audit on supervision |

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| | Action / Process | | | | Improvement Targets and Outcomes | |
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| **Action** | **Lead** | **Start Date** | **End Date** | **Progress - Actions** | **Performance Measures and Milestones** | **Progress – Outcomes and Key Targets** |
| | | | | | | to be completed in August 2015 following supervision staff survey in July 2015. |

**[UPDATED - March 2015]**

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# London Borough of Hillingdon

# Children's Social Care Services

# Improvement Plan

# 2014-16

## Version 8.2 DRAFT

www.hillingdon.gov.uk

## Contents

# 1. Hillingdon's vision for vulnerable children

To deliver an outstanding Social Care Service for Hillingdon's children and young people in line with the Children's Pathway work programme. With a greater focus on prevention and getting it right through early support, Children's Social Care Services will focus on offering accessible good quality support for those families that require specialist interventions.

**What does Hillingdon's vision mean for children and families in social care?**

Our vision is to ensure that every child and family who comes to our attention has:

- Their needs and vulnerabilities assessed very quickly
- Any risks children face are quickly identified, and are reduced as a result of our involvement
- If families need medium-long term support, this is done by a capable social worker who has time to spend with them
- If we cannot achieve positive safe change for children in their family, we offer additional specialist support and are clear about our responsibilities and their rights
- If children cannot live safely in their family, we work with the wider family to ensure they remain within their community, and if this is not feasible we provide good quality alternative homes on a permanent basis
- We talk to and listen to children and families through our involvement and where possible act on their concerns.

In order to deliver this, Children's Social Care Services needs a stable workforce who are capable of undertaking good quality assessments, offer defined interventions, engage with families and partners, and deliver timely decision-making for children at critical points across the Children's Pathway.

To achieve the vision, this plan outlines the priority areas of activity required to improve the overall level of provision for children receiving services from social care.  The plan also acknowledges the urgency required to deliver better outcomes for the children within Hillingdon. This plan enhances the work already completed as part of the Ofsted Improvement Plan (2014) and ensures that recent improvements are sustained and built upon.

This plan has the political, corporate and senior leadership needed to deliver the improvements required. This plan will be implemented using the council's Transformation framework and will be monitored through the Senior Management Team within CYPS (Children and Young People's Services) and overseen by the Performance Monitoring Board chaired by the Chief Executive.

Accountability for delivery of the plan has primarily been devolved to Assistant Directors who have responsibility for improving outcomes for their respective service areas.

*Note* - *It is important to acknowledge that in August 2014 the level of risk in the CSWT (Children's Social Work Team) was deemed to be unacceptably high. A significant additional amount of resource was committed to the service, coupled with the arrival of a new Senior Management Team within CYPS. This leadership team is now firmly focused on driving forward service improvements.*

# 2. Overarching priorities for 2015-16

- Re-establish and maintain the Triage, MASH, Social Work Teams into a service delivery model that is fit for purpose following the crisis situation in August 2014 (see workstreams 1 and 2).

- Deliver a range of good outcomes for LAC to be achieved through timely court intervention, focused care planning and good participation from children and young people in their care planning. (see workstreams 3 and 4).

- Get the spend over 2015-16 for CYPS in line with base budget primarily by transitioning out of the Skylakes contract and reducing the number of agency / interim staff across the social care workforce (see appendix 1).

- A critical interdependency with the above will be a successful recruitment plan coupled with the implementation of a flatter management structure as part of a wider effective workforce plan  (see workstreams 5 and 6).

- Embed the Quality Assurance Framework to ensure casework practice across social care is good as a norm by March 2015 (see workstream 6).

# 3. Work streams

There are 7 work streams that will deliver improvements to the specified services including a cross cutting project 'embedding new ways of working and improved practice management arrangements'. There are also interdependencies with projects led by Residents Services and these are identified and acknowledged within the work streams.

The actions identified in the plan are developed to ensure successful embedding of re-designed services through good social work practice. The plan's objective is to ensure that changes implemented are sustainable in the longer-term.  The high level work streams that contain the specific actions that will deliver service improvement are:

1. Workforce development
2. Performance improvement work in Triage, MASH and CSWT
3. Defining new ways of working within the CSWTs
4. Improving outcomes for Looked After Children (LAC) and Young People
5. Improving the quality of Fostering & Adoption provision
6. Embedding new ways of working and improved practice management arrangements

Effective Quality Assurance

# Work stream 1: Workforce development

<mark>To be finalised</mark>

Workforce development improvements to include the following:

o Updated website to be completed by end of March 2015 to enable prospective applicants to have a good understanding of what Hillingdon can offer and expectations of the role of a Social Worker.
o Applicant packs to contain all relevant information and guidance when applicants considering Hillingdon as their chosen workplace. Explanation contained in the pack of supervision, POD work, support etc.
o Recruitment process through to delivery to meet the needs of the service in line with the improvement plan.
o Induction process for every new worker to be embedded as standard practice, and to achieve 100% compliance with current staff receiving a refresher induction to update their knowledge.
o AYSE support to be embedded, with clear standards and requirements set out to encourage these newly qualified workers to remain in Hillingdon long-term.
o Social Work Pathway to be embedded to ensure career structure is supporting individual needs.
o Supervision structures to be embedded to ensure 100% compliance and delivery, including recording and performance management processes to be clear and robust in dealing with competency issues.
o PADA reaches 100% completion on time and is robust in identifying current practices of the worker, identifying learning needs and having a SMART development plan to meet these needs.
o Management development plan to be completed for all managers to support their practice with clear measures of performance incorporated in their development plan / PADA.

**Status of the work stream:** In implementation

# Work stream 2: Performance improvement work in Triage, MASH and CSWT

This is the current range of activities from the Children's Social Work Teams (CSWT) with the support of the managed service Skylakes team. Which aims to stabilise the service by reducing caseloads and reviewing all the Children In Need (CIN) cases. There is a focus on closing cases where there has been little casework activity or making a clear plan for social work intervention on these cases, and ensuring timely decisions for children across the pathway.  From November 2014, Skylakes will provide a referral / intake team for all new social care cases, and will ensure that they have an appropriate assessment within agreed timescales. The CSWT will work with cases post assessments and will use the additional capacity provided by Skylakes to review and reduce cases that have been in the service for a number of months.

## Outcomes of the project

All children accessing targeted social work services will receive a consistent and timely assessment intervention by:

- Improved and consistent decision-making by the Triage and MASH teams
- Caseloads are to the standard level and in line with current resource capacity
- Best Value is obtained from Skylakes team in that they deliver to contract showing consistent good performance and to an acceptable practice standard
- No case to be open without a plan for over 6 - 8 weeks within the service
- In 2015-16 a feasible benchmark of case duration for CIN and CP (Child Protection) will be able to be set, as well as step up and step down targets.

## Measurement of initial progress (6 months)

- Performance Data showing an appropriate level of contacts and consistent conversion rate to referrals into Social Care.

- Performance data - weekly target to reduce overall CIN cases by 25 (see model of impact on CIN cases), with weekly meetings with managers to review performance against target. Data-set has been designed to show CIN case trajectory across all teams including Skylakes.

- Contract oversight - Performance Indicators are set and regular meetings are held on risks and issues. Partnership framework is established.

- Caseloads in the CSWTs  to be in line with London AD standards document (average 15 for Duty and Assessment staff, 18 for CP / CIN and 14 for LAC).

This work stream's initial success will form the baseline to re-establish the Children's Pathway and will be a critical factor in staff re-engagement.

## Measurements of progress (12 months)

- Audits and data indicating consistent decision-making from Triage and Mash.

- There will be an increase in families stepping down at key points in social care (at contacts, post assessment and during child protection / children in need work).

- All assessments to be completed in timescales.

- Audits of assessment indicate good quality, child's voice, and leading to quicker and better decision-making.

- CIN families remain in the service for an average of 5 months with the vast majority stepping down to early support.

- CP families remain in the service for 9-12 months with two thirds stepping down to early support and a third being stepped up.

- Pre-proceedings work will be delivered in an average of 12-14 weeks.

This work stream's continued success will form the baseline to deliver to Hillingdon's vision for children.

Status of the work stream: In implementation

This  work stream will review and improve the current operating model in order to realign the CSWT service with the Children's Pathway. Activities include:

- Utilising the Skylakes team to act as a referral and assessment team to explore if such an addition to the pathway model would maintain the improvements expected.

- Embed consistent thresholds in Triage and MASH in line with the Children's Pathway, and ensure these are tightly defined and managed.

- To understand and plan demand at key points from Triage to Permanency (service demand flow map).

- Triage to work with the Single Point of Contact project (being led by Residents Service - interdependency).

- To focus on improving practice in key Ofsted priority areas - assessment, chronology, and timeliness of decisions and interventions for children.

- Define a private Fostering service with dedicated resource, and plan to increase referrals, and ensure all statutory regulations are met.

- Bring the specialist parenting assessment service into the current structure, expand its remit to include interventions, evaluation and increase work-flow, in line with new target for pre-proceedings work.

- Update transfer protocol to ensure consistent and smarter transfer process.

- Quality Assurance of process to ensure best practice and the voice of the child remains at the centre of our work with each family.

- Working with the whole service to promote a structured and sound service delivery model that is clearly understood by all and achievable in its implementation.

- Achieve stability by recruiting permanent staff in a phased manner throughout the year, implement new social work pathways and wider workforce planning (see separate recruitment plan).

- Focused work with the QA service including commissioning of training  on good chronologies and assessment.

- Draft an assessment protocol for consultation.

- Agree the future for the Parenting Assessment Service.

- Review the service model for asylum children aligned with wider transformation and funding arrangements.

- Snapshot of Emergency Duty Team to scope any issues and risks.

## Outcomes of the project

- Integration of the Skylakes resource into the Children's Pathway to deliver a service as well as release capacity for the CSWT to focus on performance improvement.

- Improved through-put of work from referral to social care planning to permanency, with a clear focus on legal planning and pre-proceedings work (Early Intervention, CIN, CP, LAC or Pathway).

- Effective response to children and young people with clear outcomes that are achievable and timely.
- Good engagement with families in order for them to understand and take responsibility to promote change and in turn safeguard their own children.
- Implement the agreed recruitment plan and implement workforce planning.

## Measurements of initial progress (6 months)

- Skylakes and Hillingdon are able to embed a referral and assessment team that delivers to PIs and evidently contributes to the reduction of caseloads through CSWT1 and CSWT1 by creating capacity in these teams to close and progress casework. The evaluation will feed into any further work on the Children's Pathway.
- A service map including demand and capacity will be established to ensure there is appropriate capacity at key points in the Children's Pathway.
- The resource is flexed and aligned with the transitional approach and dependent on recruitment.
- Private Fostering lead is identified, project group is set up, audit of current cases are completed with learning.
- The Parenting Assessment Service staff are brought into the Hillingdon structure, the remit is expanded with the placing of the specialist Mental Health Worker.
- There is an increase in Legal planning meetings, with an increase in families in pre-proceedings in line with making timely decisions for children.
- Case transfer panel is established, transfer check list (good practice) is used and cases are transferred at agreed points more consistently.
- Improvement in timeliness of assessments completed.
- A focused improvement project on assessment and chronology.
- Number of complaints will reduce and response time will improve.
- Partners feedback will be sought.
- Monthly case audits will have 100% compliance.
- We will meet our statutory obligations for the privately fostered children in the Social Work Service.
- Recruitment of first line managers is effective as we reduce 100% current agency staff in management positions to 40% or less.

- Aslyum and parenting assessment teams better defined.

## Measurements of progress (12 months)

- Percentage of work judged good or better - 35% by the end March 2015, 50% by end September 2015, 80% by end March 2016.
- Private fostering referrals will increase.
- Audit of decision-making at front door and to ICPC (test thresholds) is planned for April 2015, which will give us up to date position re. consistency and areas for further improvement.
- Training roll out on assessments.
- All chronologies completed and of good quality.

- For families in pre-proceedings we work to a 12- 14 week timescale to deliver more timely decisions for children.
- Audit of assessments will indicate clear timely decision-making, children's engagement and good supervision.
- There will be an established mechanism to seek service user feedback, and findings will be part of the learning framework for staff.

Status of the work stream: In implementation

# Work stream 4: Improving outcomes for LAC & Young People

## Project definition

To ensure the Children in Care (CIC) teams are stabilised to deliver caseloads at a manageable level, which will assist in the implementation of good social work practice. A range of good outcomes for LAC to be achieved through timely court intervention, focused care planning and good participation from children and young people in their care planning. The project will therefore ensure that there is full and effective implementation of the Public Law Outline (PLO) that will see all children achieve a final care order and permanency plan within 26 weeks. All statutory requirements will be met and audits will provide evidence of good service user engagement within their care planning.

## Outcomes of the project

- Improve the LAC journey to make it more timely and embed good practice within the CIC and Young Person's Teams.
- Review the role of the Court Progression Officer to ensure all court proceedings to be concluded within the 26 week time scale (unless in exceptional circumstances the care process is extended by the Court).
- All LAC cases will be allocated to ensure they receive good permanent outcomes within 12-18 months (return home, long term fostering, adoption, SGO (Special Guardianship Orders), connected persons).
- All cases will be worked as a 'whole service' with social workers coordinating interventions from the virtual school, designated health professionals, and other key agencies (SDQ , LAC reviews, LAC visits, PEPs, Health Assessments).
- All care leavers will have a pathway plan and good EET and housing outcomes.
- Improve the level of engagement and consultation with LAC through better practice and roll out of Viewpoint to all LAC to involve them in their care planning.
- This project's success will form the baseline to re-establish the Children's Pathway and will be a critical factor in staff re-engagement.

## Measurement of progress (6 months)

- Performance data - weekly target to allocate all LAC cases, meet statutory reviewing and visiting targets, with weekly meetings with managers to review performance against target.

- Health, education and placement outputs demonstrate good outcomes for LAC.

- Monthly PLO reporting against 26 week target - continue to reduce number of 'legacy cases' to final hearing and conclude proceedings. Ensure all current work started since October 2014 is concluded within 26 weeks.

- Successful interim recruitment to all social work and team manager posts and caseloads to be within the range of 14-16 cases per qualified social worker.

## Measurements of progress (12 months)

- Average caseloads remain within 14-16 cases per qualified social worker.

- All LAC cases allocated and children and young people have their statutory requirements met.

- 80% of audits and data indicating good with evidence of consistent decision-making in care planning and timely outcomes within the CIC teams.

- All Public Law Outline cases will be completed within 26 weeks (unless specified by the Court).

- 100% of care leavers will have a pathway plan with clear objectives

- Performance will be top quartile for EET and housing outcomes.

- 80% of audits of care plans indicate good quality, child's voice and leading to quicker and better decision-making.

- Looked After Children receive good outcomes within 12-18 months (return home, long-term fostering, adoption, SGO, Connected Persons).

- All pre-proceedings work will be delivered in an average of 14 weeks.

This work stream's continued success will form the baseline to deliver to Hillingdon's vision for children.

Status of the work stream: In implementation

## Project definition

To change the current operating model in order to realign the Fostering & Adoption services with the children's pathway, to deliver good and stable placement provision and permanency outcomes for LAC. The project will ensure that the service has sufficient numbers of placements to provide stable, secure and safe placements for children and young people who are looked after. The service will also deliver extra support to post permanence to ensure successful outcomes for those children in adoption, placed under Special Guardianship Orders (SGO) and long-term foster placements. Activities include:

- Prototype the 'managed service project' (provided by Coram & HCL) to allocate all backlog and new carer assessments until the end of May 2015, and to ensure no drift or further backlogs within the service.
- Evaluate the 'managed service' project to consider if such a model can be adapted or expanded to deliver and maintain the improvements expected from the initial project, which will include measuring the difference in performance (quality of assessments and improved throughput) between managed service prototypes and LB Hillingdon's service.
- Use the evaluation to plan for demand at key points within the Fostering and Adoption service and implement a 'best value' placement service for the LAC model.
- Implement strong management oversight and evidence of improved permanence outcomes for LAC in Hillingdon.
- Arrange staff and carer workshops to ensure full consultation and explore staff experience and views of current operating model, possible changes and proposals.
- Improved QA assurance and independent review of carers in line with national standards and good practice.
- Improve the management and coordination of the Adoption & Fostering Panel.

## Outcomes of the project

- Allocation and completion of all outstanding assessments and new assessments coming into the service between the start of December 2014 and end of May 2015, through the implementation of the prototype managed service.

- Deliver top quartile adoption and permanence outcomes for LAC in Hillingdon.

- Increase in the number of good quality LB Hillingdon foster placements available to LAC.

- Reduce the number of Independent Foster Agency (IFA) placements used by LAC in Hillingdon.

- Sufficient good quality permanent placements options (return home, long-term fostering, adoption, SGO, connected persons) for LAC children in Hillingdon.

- Improve the number of LAC placed within their own community (inside 20 mile radius).

- Timely administration and management of the Panel process.

## Measurement of progress (6 months)

- Implementation of the 'managed service project' (provided by Coram & HCL) to allocate all assessment activity as outlined in the project above.

- Performance data - weekly target to allocate all carer assessments within statutory and good practice guidance.

- Re-design the service structure to meet the new service model requirements.

- Improved permanent placement outcomes for LAC in Hillingdon - improvement in the performance as measured by the national adoption score card.

- Reduction in the number of children moved further than 20 miles from their home address to minimum - less than 10% of LAC (36).

- Quality assurance framework provides evidence of good quality social work practice on all assessments undertaken by Coram (80% judged good or better and no inadequate)
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## Measurements of progress (12 months)

- Fully implement the new service model and ensure fully staffed.

- Maintain allocation of all assessments to meet national standards of quality and timeliness - 100% within timescale

- Audits and data indicating consistently good quality analysis of assessments and timely presentation to Panel (80% good or better and no inadequate judgements).

- Number of in-house foster placements to increase to 110 by April 20116.

- The proportion of IFA placements to be less than 40%.

- Reduction in the number of children moved further than 20 miles from their home address to minimum - less than 10% of LAC (36).

- Looked After Children receive good outcomes within 12-18 months (return home, long-term fostering, adoption, SGO, Connected Persons).

This workstream's continued success will form the baseline to deliver to Hillingdon's vision for children.

 Status of the work stream: In implementation

## Project definition

To improve the overall standard of practice and social work intervention across Children's Social Care Services. The aim is to deliver effective, timely and safe service interventions for the most vulnerable children in our community. This will include the strengthening of practice management arrangements and the level of professional supervision, training and guidance offered to all social work staff. The service will improve the level of practice through consistent management oversight, and practice recording on Protocol electronic recording system. Activities will include:

● Staffing model and any changes to be aligned with delivery demand (service demand flow map).

● Staffing and casework model to be based on best practice (represented by the London ADs work on Standards as well as Hillingdon's view of average caseloads minus one).

● Achieve a flatter structure for clearer accountability by expanding the number of team managers with small (maximum 6) teams of social workers.

● Delete the Deputy Team Manager role and create the Operational Manager role to provide an efficient and effective model capable of delivering timely and consistent good quality practice.

   ● Invest in expert senior practice roles in line with the Munro principle to build practice capability at the point of delivery.

● Invest in staff professional development and clearer alignment with service requirements.

● All changes to be made with transparency, consultation and care.

## Outcomes of the project

This will deliver a social work structure built around a model of one team manager with a maximum of 6 social workers to supervise. This will strengthen accountability for good practice within the teams and will maintain the POD structure. This model will also invest in the advanced practitioner role to work with the QA service to improve practice quality, and offer practice leadership in line with the POD model. It will be aligned with workforce planning and have clear social work pathways with an embedded training needs analysis.

Effective accountability and management oversight of practice improvement activity.

## Measurement of progress

● Simplified practice management structure in place - April 2015.

● The average case load across the service remains at or below 18 per qualified social worker (in accordance with the service requirement's)

● All social workers receive regular monthly supervision.

● Monthly QA audit report - percentage of work judged good or better - 35 % by end March 2015, 50% by end September 2015, 80% end March 2016.

- Performance data - weekly target to allocate all CIN, CP and LAC cases, meet statutory reviewing and visiting targets, with weekly meetings with managers to review performance against target. In 2015-16 a feasible benchmark of case duration for CIN and CP will be able to be set, as well as step up and step down targets, and we should achieve the 26 week proceedings target to ensure more timely decisions for children.

Status of the work stream: In implementation

# Work stream 7: Effective Quality Assurance

The project will ensure the full and effective implementation of the Quality Assurance Framework, embedding a consistent approach to improving the quality of practice to 'good' as a norm and better outcomes for children. To ensure demonstrable measurable outcomes for children and their families with all performance information linked into effective mechanisms for achieving change. Activities include:

- Implementation of the new Quality Assurance Framework by 1st April 2015.
- Collation and analysis of Quality Assurance systems across the service, incorporating improvements achieved through good practice and learning to inform future planning and promote improvement. This will include:

    - Court Tracker
    - Fostering Panel Advisor
    - Child Sexual Exploitation (CSE) Prevention Manager
    - MASH process
    - Transfer and allocation process
    - Practice Development Mentor role
    - Dispute resolution process

- Embedding and improving the Signs of Safety Child Protection (CP) Conference process to ensure consistent multi agency involvement with SMART plans being achieved.
- Implementation of effective Independent Reviewing Service developing a robust constructive challenge, mid-point reviewing and dispute resolution process.
- Implementation of tracking and improving completion of all CP Conferences and Looked After Child (LAC) reviews to be completed within statutory timescales.
- Voice of the child being evident throughout CP and LAC processes through relaunch of Viewpoint by April 2015.
- Review and implementation of new ways of working within the Local Safeguarding Children's Board (LSCB) ensuring consistent and robust multi agency responsibility and ownership.
- Implementation of Practice Standards in each area of the service to support workers in defining their role and expectations that are clearly promoted.
- Development of the Independent Domestic Violence Advocacy (IDVA) Service across Hillingdon supported by the MOPAC initiative, following review by the end of July 2015. To include areas of support being increased in MASH, Housing and Health.
- Development of the Young People's IDVA service (YIDVA) to ensure peer on peer abuse is tackled consistently.
- Family Group Conference Service (FGC) will be developed to offer FGCs at any point along the CYPS Social Care continuum to prevent case escalation and further statutory intervention.
- Development of a CSE Strategy, Missing Person & Runaway Protocol to be implemented by the end of March 2015. Using learning from a recent joint

operation with the Metropolitan Police which led to a successful conviction, and developing the new role of Child Sexual Exploitation Prevention. A local CSE strategy addressing CSE in Hillingdon which consists of key strategic objectives in line with 'Pan London Operating Protocol' to include multi agency partners.

## Outcomes of the project

- An approach orientated around outcomes rather than processes will support practice managers to embed scrutiny and practice learning from audit into daily supervision and management in a rigorous way.
- Improved QA Framework that drives improvement and learning across the service promoting Individual, Team and Service Development Plans.
- Evidence of good practice models identified and implemented across the service as appropriate.
- A robust Reviewing Service that quality assures consistently promoting good practice and challenging practice areas that require improvements.
- The child's journey is evident that their views are considered in all aspects of decision making.
- Structure and professional membership of the LSCB will be appropriate and will drive improvements in multi agency working across Hillingdon.
- A robust and effective IDVA / YIDVA service that works with all services providing support in areas of domestic abuse, thus responding and sharing skills to address a wider cross section of Hillingdon in a more collaborative way.
- FGC will reach prevent step up or escalations of concerns by targeting lower level case work.
- A 'CSE strategy' to be progressed to enable all professionals to develop confidence and practice when identifying and responding to CSE concerns.

## Measurement of progress (6 months)

- Launch the new Quality Assurance Framework in April 2015
- Percentage of work judged good or better - 35% by the end March 2015, 50% by end September 2015
- Monthly Quality Assurance findings will drive improvement across the service developing clear action plans that are SMART.
- CP Conferences and LAC reviews are completed within statutory timescales (95%)
- LSCB responsibility in relation to safeguarding will be evidenced through audit and findings each quarter.
- Implement Dispute Resolution Process with appropriate outcomes achieved in relevant timescales that improve outcomes for children and young people
- Implementation of Mid-point reviews for care plans and child protection plans
- Viewpoint will see increased response to completing and evidencing child's views at specific meetings and assessments and providing feedback on the quality of practice.

- IDVA service performance measures will indicate an improved and more targeted service.
- Higher rate of FGC referrals and good outcomes to prevent escalation to tier 3 services or becoming looked after.
- Development of CSE data in order to measure the level of concerns in line with national and local trends, with clear targets to be measured with the 'action plan' being reviewed quarterly and timescales measured against effectiveness. An annual review with new targets set as required. An action plan progress update to be reported to the LSCB board twice annually.

## Measurement of progress (12 months)

- Fully embedded Quality Assurance Framework
- Percentage of audit compliance 100%
- 80% of audits indicate good quality practice and evidence of the child's voice in all assessments and plans
- Percentage of all social work judged good or better 80% end of March 2016
- Structured Review of Performance and Monthly Quality Assurance findings will continue to drive improvement across the service developing clear action plans that are SMART.
- Fully embedded Mid-point Review and Dispute Resolution Process
- All CP Conferences and LAC reviews are completed within statutory timescales (100%)
- 100% CSE cases tracked and all have effective risk assessments and plans recorded

 **Status of the work stream:** In implementation

# Annex 1 Children's social care work stream action plan 2014-16

Template completed for the 7 work streams - to be finalised in this document before transferring data into actions - to be confirmed by ADs 30/03/15

# Annex 2 Children's social care work stream timeline 2014-16

RD to align this timeline with the 7 work streams when confirmed by ADs 30/03/15

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# The London Borough of Hillingdon
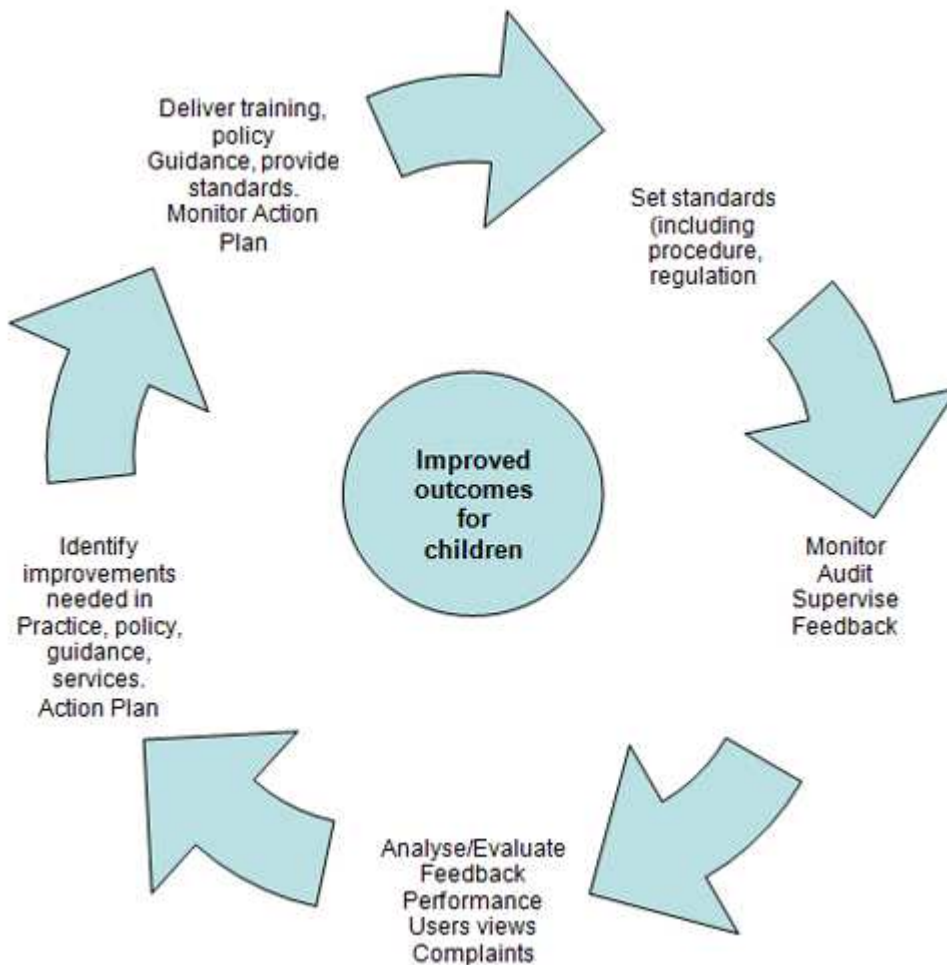
# Social Care Quality Assurance Framework

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## 1. Introduction

1.1 The London Borough of Hillingdon has ambitious plans to improve services to give children the best start in life and support families to be independent, responsible and successful residents. Safeguarding children, young people and their families is everyone's responsibility. Children's Social Care in Hillingdon is committed to achieving good outcomes for them through the continual improvement of the services we provide.

1.2 Measuring the impact of service delivery is key to achieving improved outcomes for children. This requires a strong quality assurance system to be in place that evidences that services are being delivered effectively and to standards that enable children's welfare to be safeguarded and promoted.

1.3 Quality assurance is a systematic process to ensure the quality of outcomes, embracing all the activity that contributes to continual service improvement. It is an improvement cycle by which we set standards, monitor our impact, use the information we have to improve services, and undertake ongoing review. Quality assurance is more than meeting targets and counting activity; it is a coherent and qualitative approach, which measures standards and identifies areas for improvement. It should be both systematic and themed, cross agency and single agency.

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Deliver training,
policy
Guidance, provide
standards.
Monitor Action
Plan

Set standards
(including
procedure,
regulation

Improved
outcomes
for
children

Monitor
Audit
Supervise
Feedback

Identify
improvements
needed in
Practice, policy,
guidance,
services.
Action Plan

Analyse/Evaluate
Feedback
Performance
Users views
Complaints

## 2. Principles and Purpose of the Quality Assurance Framework

2.1 The Quality Assurance Framework in Hillingdon is informed by national legislation, regulations and local policies and procedures. It takes into account key messages from "Working Together to Safeguard Children", the Munro Report, Serious Case Reviews, Ofsted Inspection Framework, The Standards for Employers of Social Work and The Professional Capabilities Framework.

2.2 Our guiding principles are:

- To put the physical, sexual and emotional safety of the child including their protection from neglect at the heart of everything that we do
- To prioritise the safeguarding of children and the promotion of their welfare at all times
- To work collaboratively with the parent in their role wherever possible
- To undertake thorough assessments that are analytical and rooted in evidence
- To deliver our services solely on the basis of need without discrimination

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- To strive for improved outcomes that reflect the child's journey in our work, ensuring their needs are understood
- To only remove children from their parents' care when there is no alternative that protects the child and will consider all alternatives to public care including family placements
- To employ and continuously develop a professional children's workforce that is skilled in meeting the needs of vulnerable children and families
- To be open and transparent in all our dealings with families and our multi-agency partners
- To continuously measure and report on our performance against standards and procedures
- To respond efficiently and effectively to identified improvements
- To ensure all our frontline staff are fully engaged in the process of Quality Assurance, working together at all levels to embed, develop and improve the quality of service provision, and the effectiveness of the Quality Assurance Framework

2.3 The purpose of the Quality Assurance Framework is to:

- Improve outcomes for children, young people and their families
- Set practice standards against which the quality of services and their impact can be measured
- Ensure that the services provided are of a consistent high standard and sustainable through regular evaluation
- Is both reflective and proactive through the measure of quality and impact of service delivery
- Support the continuous improvement and development of practice
- Influence the development of policies and procedures to support staff in delivering good practice

2.4 The Quality Assurance Framework whilst addressing the internal processes within Children's Social Care is linked to the Performance Framework of the Hillingdon Local Safeguarding Children's Board (HLSCB)

## 3. Roles and Responsibility for Quality Assurance

3.1 To be effective quality assurance needs to take place within an organisational context which promotes and supports the continuous development of Children's Services as a 'learning organisation'. It depends upon 'ownership' all levels.

3.2 The Quality Assurance Framework starts from a number of very clear presumptions - that all staff are responsible for the quality of their own work; that everyone has a duty to both assure their own work and be ready to challenge the work of others if children are or might be at risk and that ultimately those who deliver frontline services are responsible for the quality of those services.

3.3 The Framework is designed to be inclusive, working 'with' staff rather than doing 'to' them. Frontline social work staff are best placed to assess the quality of what they do, the constraints they experience in delivering quality, and to learn from an inclusive process which enables them to reflect and improve practice. Equally, Operational Managers have the direct responsibility for ensuring the work of their teams, services and area.

3.4 All managers have specific responsibilities for monitoring and driving forward improved practice in line with service priorities, inspection and improvement plans, audit outcomes, and feedback arising from individual case monitoring in order to achieve improved and best practice. Managers also have a responsibility to support practitioners through the supervision processes, Personal Development Reviews and appraisal.

3.5 Staff in the Safeguarding and Quality Assurance (QA) Service, which includes Independent Reviewing Officers, Child Protection Chairs and Lead QA Auditor, contribute to the improvement cycle by embedding the quality assurance framework and supporting operational service to drive up standards. The QA Service has a clear coordinating and analysis function to provide an overview of impact and effectiveness and to monitor improvement plans. The aim of the service is to provide a proactive approach to quality in order to ensure that it is improved and sustained. Work is targeted as agreed by the Children's Social Care Management Team and informed by themes and issues identified throughout the service.

3.6 The Assistant Director of Safeguarding and Quality Assurance has oversight and ownership of this Framework. This post is responsible for its implementation across Children's Social Care, to update and refresh it as needed.

3.7 Elected members have a particular role in overseeing and scrutinising frontline service delivery. Member scrutiny is carried out through the Performance and Overview

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functions and there is an expectation that all members take an interest in and responsibility for the outcomes of the most vulnerable children especially those for whom they are corporate parent.

## 4. Quality Assurance Processes

### 4.1 Operational Quality Assurance Measures

4.1.1   The operational level of quality assurance is carried out by the Team Manager, or a Independent Reviewing Officer or a Child Protection Chair and includes:

- Management oversight of contacts, referrals and assessments, section 47 investigations, Strategy Meetings, Core Groups, and the sign off of Child & Family Assessments

- Supervision and completion PADA process of social workers

- Crib sheet analysis (this is a supervision template with key quality assurance points drawn from audit findings. This is carried out in supervision between the Service Manager, and Team Manager and Social Worker) (Appendix A)

- Monitoring through Reviews and Panels
    o   Chair of Adoption and Permanency Panel
    o   Chair of Fostering Panel
    o   Chair of Private Fostering Panel
    o   Independent Reviewing Officers at each review
    o   Child Protection Conference Chairs at each conference
    o   Solicitors representing the department at Court
    o   Placement Panel and Family Support Panel

- Response and resolution of individual complaints by the Team Manager
- Practice observation – (Appendix B)

## 4.2 Performance Indicators

4.2.1 Children's Social Care is subject to a wide range of both national and local standards. Overall performance is measured against externally reportable performance indicators (PIs) that identify areas of possible strengths and areas for attention.

4.2.2 Weekly performance management meetings are held to address performance; learning from quality assurance activity, actions and timeliness. The meetings allow managers to challenge the data, ask questions, and explore reasons i.e. the story behind data.

4.2.3 The group on a weekly basis monitors actions that arise from the meetings. Service Managers are expected to monitor their assigned actions on a regular basis and report any developments back to the group.

## 4.3 Conference and Review Service Activity (QA Service) - Child Protection Conferences and Looked After Reviews

4.3.1 Child protection (CP) conference chairs and independent reviewing officers (IROs) play a key role in planning (for children in both child protection and those looked after), and assuming the impact and quality of work undertaken by CHILDREN'S SOCIAL CARE. The role is to ensure that the quality of the work on a single and multi-agency basis is of a high standard that performance indicators and procedural requirements are met, and that plans set out for children and young people are outcomes based and meet specific needs of the child/young person.

4.3.2 IROs and CP Chairs complete a monitoring form in respect of each conference/review that collates quantitative and qualitative information about the conference/review report, process, preparation of parent/s and children, and quality of practice. This information is collated on a monthly basis and reported to Team Managers at the monthly quality assurance liaison meetings in addition to each completed form being sent to managers for discussion in supervision.

4.3.3 IROs and CP Chairs conduct case conference and looked after review 'mid-point' reviews to ensure scrutiny and oversight of practitioner activity between meetings and progression of the CP Plan or Care Plan. This information is collated on a monthly basis and reported to Team Managers at the monthly quality assurance liaison meetings in addition to each completed form being sent to managers for discussion in supervision.

4.3.4 IROs primary focus is to quality assure the care planning and review process for each child, and to ensure that his/her current wishes and feelings are given full consideration. In some instances the IRO may enter into dispute with the responsible officers in relation to care planning. In such circumstances an effective Local Dispute Resolution Process is essential to aid prompt resolution of the

dispute, to get the care plan back on track, and to maintain healthy working relationships.

## 4.4 Service user feedback

4.4.1 The views of children and their families about the services they receive and the impact it has on their lives are sought and gathered through:

- Their social worker
- Meeting with the IRO/CP Chair
- Consultation forms completed prior to looked after review meetings and CP conferences
- Attendance prior to and after the conference/review at meetings about them
- A feedback form given at the end of each meeting
- An independent Advocate (National Youth Advocacy Service)

4.4.2 Children Looked After and Children Leaving Care are subject to other mechanisms of consultation through the Corporate Parenting Board. The Children in Care Council which is itself made up of young people in case, leads consultation projects with children about their experience in Local Authority care and feedbacks findings to Councillors, senior managers, and Team Managers as well as attend the Scrutiny Committee with the Annual Report for the Corporate Parenting Board.

4.4.3 The Children in Care Council leads consultation with children from the age of five to twenty four who have been in care, and undertakes peer to peer telephone interviews, postal surveys, visits to residential homes and secure accommodation capturing 25% of the children looked after population.

4.4.4 In safeguarding cases and in selected multi agency audits consultation is built into the process. In addition The Corporate Parenting Team sends out a consultation questionnaire annually to children and parents. The findings from this are collated and used on a monthly basis to drive performance improvement through Team Managers at the monthly quality assurance liaison meetings

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## 4.5 Compliments and Complaints (Appendix C)

4.5.1 Feedback can be in the form of compliments - where examples of good practice and strengths in service deliver can be identified to contribute to service improvements, and complaints - to help the service consider whether there have been gaps in the services provided and consider alternative ways of engaging with service users and improve service delivery and practice.

4.5.2 The Complaints and Service Improvement Manager monitors the complaints system and will raise issues requiring immediate attention with the relevant manager. A log of the level 2 complaints and above is held to ensure that they are resolved in a timely way and extracts learning from the report on an Annual basis identifying actions that need to be implemented within the service improvement plan.

## 5. Audits

## 5.1 Key Lines of Enquiry for Audit

5.1.1 The single agency audits will focus on the child's journey within Children's Social Care, but the multi agency audits will take a wider focus to understand the effectiveness of early help and intervention. The aim of single and multi agency audit and consultation with children and families will be to clarify the following:

For safeguarding cases at every stage of the child's journey
- the quality and timeliness of assessment and risk management
- the effectiveness and impact of the help given to children and their families
- the quality and effectiveness of inter-agency working
- the effectiveness of quality assurance and management oversight of practice and decision-making
- the experience of particularly vulnerable children, such as privately fostered children and children who live in households where there is domestic abuse, drug misuse and/or adult mental health issues
- how well the team's ensure that children's and young people's wishes and feelings inform every aspect of their care
- How well diversity and identity has been considered and taken account of in care planning

For Children Looked After at every stage in the child's journey
- the quality and timeliness of care planning
- the effectiveness and impact of the help given to children and their families
- the quality and effectiveness of inter-agency working
- the effectiveness of quality assurance and management oversight of practice and decision-making arrangements and support for children placed out of the local authority's area

- the quality and effectiveness of direct work with children and young people
- the impact and effectiveness of corporate parenting
- how well the local team ensures that children's and young people's wishes and feelings inform every aspect of their care.
- how well diversity and identity has been considered and taken account of in care planning

## 5.2 Single Agency Peer Audit (Appendix D)

5.2.1 Children's Social Care teams will carry out peer audits completed by Team Managers, Service Managers, Independent Reviewing Officers, Child Protection Chairs and Assistant Directors. These audits organised monthly by the Quality Assurance.

5.2.2 Cases are graded using the Ofsted grading system of Outstanding, Good, Requires Improvement and Inadequate. All Requires Improvement and Inadequate cases are to be reviewed with the Service Managers, and the Service Managers are to report back to the Assistant Directors with outcomes from discussions and actions taken.

5.2.3  Each audit once completed is sent to the QA team, Social Worker, Team Manager and Service Manager to provide feedback on their case work. The audit is then uploaded onto ICS and the audit is used in supervision with the social worker. The Service Manager is to review all cases and pick up issues for supervision with the Team Managers.

5.2.4 An improvement plan is entered on the file and used in supervision for all cases where there are practice issues.

5.2.5 The Lead QA Auditor completes a monthly audit report with headlines including themes and recommendations to inform service improvement planning and to be progressed by the Practice Mentors and Team Managers

## 5.3 Themed Audits

5.3.1 Themed audits are carried out to look at specific issues such as supervision, care plans, decision making and the child's views. These are organised and completed in consultation with Operational Senior Managers and completed by the Lead QA Auditor on a bi-monthly basis.

5.3.2 The Lead QA Auditor completes a themed audit findings and recommendations report that informs service improvement planning including training.

## 5.4 Multi-agency audits (Appendix E)

5.4.1 The HLSCB through the Quality Assurance Sub-committee carries out a number of audits with partners annually to quality assure the effectiveness of practice. This multi agency process is carried out using bespoke audit tools, and includes consultation with children, parents and social workers and Team Managers to triangulate the findings.

5.4.2 A multi agency meeting is held with agency partners, the social worker and Team Manager, and a member of the Reviewing Team, and the development worker who will have seen the children and families. The Lead QA Auditor chairs the meeting and agrees findings with partners and then grades using the Ofsted grading system – Outstanding, Good, Requires Improvement or Inadequate.

5.4.3 These findings are reported back to the HLSCB and an action plan agreed for all the agencies to drive improvement which is monitored through the Quality Assurance Sub-committee.

## 6. Structured Review of Performance (six monthly) – making the link with Team Practice and Service Improvement

6.1 Strategic quality assurance activity is a systematic process of gathering data around outcomes in practice, but the key issue is that there are robust processes in place for turning these into reflection, planned action, better practice and improved outcomes for children and that this is continuously monitored.

6.2 All teams in Hillingdon will run a structured review of quality assurance feedback and data every six months. Teams will have received the following performance information:

- Performance Indicators
- Audits from the Single Agency Audit – number of grades in each category, and common areas that need to be addressed to raise performance.
- Consultation data identifying team
- Key practice issues arising from IMRs or SCRs
- Complaints and representations
- Feedback from practice observation
- Feedback from parents
- Feedback from partner agencies
- Feedback from social workers

6.3 The Team Manager will review the outcomes of the various pieces of quality assurance carried out relating to their team over the period and agree key priorities for focused attention. The Team Manager and Service Manager will agree how the issues

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will be taken forward and discuss the reasons or causes of any concerns with the Lead QA Auditor.

6.4 An improvement plan may include:
- Identifying individuals who need additional support, direction, guidance and training
- A session or two to engage the team itself in understanding and taking ownership of the practice problem and find solutions
- Areas that need referral to Service Development for further support to practitioners. (E.g. changes to procedures, guidance, resources, training, induction, appraisal etc)

Where there are findings that imply a need for additional support within the department the Service Manager will discuss these with the Assistant Director for Service Development. Agreed changes will be made to the Service Plan, and signed off CMT.

## 7.  Conclusion

Work to protect children is by definition complex and multi-faceted, requiring a whole system approach. The needs of the children involved are such that the system needs constant review and scrutiny to ensure that areas of relative weakness and apparent strengths are fully explored and unpicked to ensure the strengths are real and embedded and that weaknesses are being efficiently and effectively addressed.

This Quality Assurance Framework sets out how that exploration will be undertaken and how findings will be addressed and services and outcomes improved.

**Appendix A - Crib Sheet.**

(A synthesis of all the repeated key lessons from audit to be used to check for quality in supervision and help learning and development of workers on selected cases. Currently the Service Manager selects a case to go through with the Team Manager and Social Worker and reports back to the Assistant Director. The QA Team receive a copy for overview.

Please Note: This is a tool to help Team Managers quality assure their cases and ensure that they are addressing the main issues that frequently occur in audit. Service Managers will use this format to carry out a monthly Quality Assurance Session with each Team Managers on two cases a month per team. The Service Managers will review two cases with the Team Manager and the Social Worker together with Framework to review how well these actions have been progressed on cases and a report will be provided to the Divisional Director on a monthly basis.

| Themes: For Managers and social workers to ensure these issues are addressed in- Child and Family Assessments, child protection reports and in supervision meetings. | Social worker | Manager | Comments/ follow up Action | Date checked by Manager |
|---|---|---|---|---|
| 1. Ensure relevant partner agencies are invited to **strategy meetings** (if appropriate) | | | | |
| 2. Ensure minutes from **Strategy meetings** are completed and distributed to the relevant agencies | | | | |
| 3. Ensure that plans made from a **Strategy meeting** are SMART.<br><br>• Tasks need to be clear with the person | | | | |

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| responsible for completion clearly identified.<br><br>• Task needs to be time scaled and where appropriate review of tasks needs to be planned at the Strategy meeting. | | | | |
| **4.** Include all partner agencies (via informing, completion of network checks etc) of decision to enter **S47 enquiry** and of outcome of enquiry and decision making. | | | | |
| **5.** If delay in receiving completed Key checks, for a S47 (timescales specified in London procedures) SW to alert manager and if necessary, manager to escalate both internally and externally. | | | | |
| **6.** Ensure that Family and CP Chair have:<br><br>• received the Initial conference report a minimum of 24 hrs before the conference,<br><br>• and 5 working days before review conference<br><br>• Ensure children are kept updated if they are developmentally aware of the process. ( developmental stage and not age) | | | | |
| **7.** Ensure that all partner agencies (GP, health visitors, Community nurses consultants, police, | | | | |

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| | | | | |
|---|---|---|---|---|
| education and voluntary sector etc) are invited to Initial/Review conference.<br><br>• Written invites to be sent out to partner agencies a minimum of 4 weeks prior to Conference review<br><br>• Date for submission of agency reports should be explicit in the invite letter if unable to attend<br><br>• Conference minutes to be sent out in a timely way to family and agencies | | | | |
| **8.** Date for the initial **Core Group meeting** to be set at Initial conference.<br><br>• Subsequent Core Group meetings to be set either:<br><br>• at end of previous Core groups<br><br>• or at the review conference.<br><br>• Distribution of Core group meeting minutes to be sent out in a timely way to family and agencies | | | | |
| **9.** Written confirmation of **Core group** date to be sent a minimum of 3 week before Core group date.<br><br>• **Core group** date confirmation letter should be | | | | |

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| clear that partner agencies expected to:<br><br>• Provide written report if not attending,<br><br>• Report should be received in 24hrs before the Core Group. | | | | |
| **10. Assessments and case notes** show clear evidence of the nature of direct work with children, young people.<br><br>• Is there a clear plan and purpose to the visit and are the issues in the case being addressed?<br><br>• Is there clear planning for the next visit?<br><br>• Is the voice of the child reflected? Is there is a record of the child's views, wishes and feelings?<br><br>e.g.<br><br>• evidence child being spoken to<br><br>• tools used to engage a child,<br><br>• activities undertaken,<br><br>• joint work with partner agencies, | | | | |

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| | | | | |
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| • liaison with other professionals who know the child,<br><br>• use of non verbal communication, including observation, drawing, play etc.<br><br>• the child is kept updated of the process and the outcome | | | | |
| **11.** Both parents need to be included in **assessment** and, (where possible) visited.<br><br>• Is the visit purposeful and addressing the issues?<br><br>• When it is not possible to assess or visit a parent the reason for this omission need to be clearly recorded in the assessment. | | | | |
| **12.** Clear evidence that Child and young person have been **spoken to alone** and that Child/ young person's **bedroom** to be seen a minimum on every other visit.<br><br>• If not completed a clear explanation of why & identification of any action needed. | | | | |

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| 13. RISK ASSESSMENT: | | | | |
|---|---|---|---|---|
| A) **Risk assessment** to be reviewed a minimum of 3 monthly by the manager, taking into account new information, incidents, and changes in family dynamic. This process should be explicitly recorded on a case record | | | | |
| B) Have new incidents led to a re-assessment of risk? Have risks been reduced and have we made a tangible difference? | | | | |
| C) If not, does this need escalating with a parallel plan **in** Place**?** | | | | |
| D) Is there an up to date Chronology where all previous referrals and incidents have been considered**?** | | | | |
| **14. Child Protection Plans and Child in Need Plans:** | | | | |
| A) To ensure Child Protection/Need plans have identified clear outcomes for children | | | | |
| B) Are parents/carers clear what needs to change and what will happen if they don't? | | | | |
| C) If, there is limited evidence of progress of change, | | | | |

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| | | | | |
|---|---|---|---|---|
| is there a clear timeframe and contingency plan in place? | | | | |
| **15. Identity, equality and Diversity**:<br><br>A) To include a specific agenda item to explicitly consider issues related to **Identity**, **equality and diversity** on case by case basis in our assessments, conference and supervision records and that it is recorded for inspectors and auditors to see.<br><br>B) To ensure the child has been spoken to and ask about identity, Culture and diversity | | | | |
| **16. No Further Action on Cases:**<br><br>A) Have the other agencies been informed that the case is closed and informed of the reason?<br><br>B) Has the case been "stepped down"?<br><br>C) Have children/YP and parents been informed and given the opportunity to access the feedback process and informed of the complaints procedure? | | | | |

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**Appendix B - Practice Observation (First Draft)**

**Introduction**

Learning at and through work is the oldest and most extensively used means of employee development. This proposal is for all social workers practice to be observed at least twice-yearly by their line manager/supervisor. The rationale being that specialist services develop retains and addresses the performance issues of the staff they manage within a learning environment.

**What is direct observation?**

Commonly used as a requirement for learners on qualifying social work courses and for many post qualification programmes direct observations involves a practice assessor observing a learner carrying out a task, evaluating their performance and providing formal feedback usually both verbally and in writing.

In the context of improving the learning and performance of social workers direct observation provides an opportunity for the line manager/supervisor to check social workers perceptions of their practice by comparing your observations with their recollections. It therefore not only a powerful assessment tool but also an important part of the learning process both in terms of developing competence and professional capability. However, one must be mindful that in social work there is rarely only one way to interpret a situation or one right way to practice. Hence any observations made are therefore highly subjective and need to be held up for critical scrutiny (Cowburn, et al; 2000).

**What constitutes a direct observation?**

It is a formal, pre-negotiated process and needs to be clearly differentiated from co-working and other on-going informal observations. Direct observation will involve the supervisor being in the same room as the social worker and the service user. It is common for the observer to sit passively and record as accurately as possible what is going on. Usually it is the behaviour of one or more persons that is recorded, and an advantage of the technique is that a number of people interacting with each other in the particular situation can be observed.

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The observation may focus on specific tasks, skills or to gain evidence for specific indicators within practice standards or the competency framework.

The following situations may be suitable for observation of practice:

Interviews with service users and their networks.

Group work.

Case conference or meeting participation

Verbal presentations

Social workers must ensure that service users have given written agreement for the observation of practice prior to the observation taking place, and that they confirm agreement verbally on the day of the observation. Prior to the observed practice the social worker should identify the aims of the session and which practice standards they hope to meet. The supervisor undertaking the observation should also identify aspects of practice they expect to observe. These should be discussed and agreed before the observation takes place.

Both parties should contribute to this process to ensure that the observation focuses on the social workers' specific individual learning needs and that both parties are clear about the standards required.

An observation of practice report should be completed for the observed sessions. (Draft template attached)

**Standards for and giving feedback**

Giving feedback is the process of telling another individual how they are perceived. It can be a source of anxiety for both giver and receiver. Suffice to say useful feedback

Improves performance

Increase morale

Develop teamwork

Enhance the quality of service provided

The risks of lack of good feedback are that it can

Demoralise

Reduce confidence

Cause conflict

The most constructive is high on support and high on challenge. Feedback between the social worker and the line manager/supervisor is a critical component of both the social workers' learning process and the observer as this discussion itself will generate further evidence. Immediately following the session the supervisor should give the social worker the opportunity to reflect on the session. Brief verbal feedback should be given following the observed practice and a subsequent written record of this feedback given within two weeks. The feedback should identify how specific standards have been met, i.e. evidence related to agreed aspects of practice. It is helpful if written feedback is specific, constructive and owned. The social worker may comment in writing on points made by the supervisor and on their future needs as identified by the supervisor. The feedback meeting after the session will include

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a self-evaluation of social workers performance,

discussion of areas for further development,

and an examination of what has been observed that might affect future work with this worker.

Feedback of observed practice to be recorded on the observation schedule pro-forma and stored in supervision folders.

**How does direct observation link to supervision, PADA and probation?**

A key aspect of line management responsibility is the assessment of social worker skills, ability and competencies. It is expected that line managers use the process of supervision to discuss their evaluation of the direct observation session and to take forward the identified areas for future development by the social worker. Individual objectives/goals/targets to be agreed between the supervisor and the social worker

The development of social workers is a very important performance management tool hence to ensure that line managers/supervisors take an increasing role in performance management it is proposed that direct observation of social workers practice is set as a fixed objective/standard on line manager's appraisal document. Achievement of this objective to be measured via number of observations completed.

Observation of practice reports can be used to contribute to the organisations probationary period and serve as evidence to ensure that new starters are performing to a satisfactory standard. Regular reviews are an essential part of the process providing both supervisor and social worker with an opportunity to check progress and progress with achievement of objectives. The probation review to draw on the observation of practice evidence and ensure that when required action is taken to develop and the keep learning experience on track.

**Line manager briefings: Guidance for implementing the observation of practice.**

Social Work Practice Unit to engage with and support staff who will be directly affected by this change via making use of existing forums that is team and service meetings, managers forums et to communicate clearly information about the change. In particular to keep everyone informed on progress and the planned next steps. To ensure all tasked with the role of undertaking observations of practice are

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familiar with the requirements and use pro-formas and provided guidance to inform how direct observations should be carried out and recorded.

**Co-ordination and Compliance**

Directive from Leadership Group

Random audit of supervision files perhaps linked to QA processes

Links to line manager appraisals

**Draft Direct Observation of Assessment Report**

**Please Use the Following Headings:**

> Situation

> Aim of Intervention

> Those Present

> Agreed Standards/competencies to be observed

> Feedback and Evidence in relation to above

Feedback should identify evidence of knowledge, skills and values that illustrates how specific competence requirements have been met.

> Positive Aspects of Practice

> Areas for Further Development

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Focus on some aspects of practice that could be further developed, possibly including strategies that has been discussed following the Direct observation.

Reflection

Please comment on the social workers ability to reflect on their practice in discussions following the Direct Observation.

Signature & Date

Designation e.g. Supervisor/line manager

**Social worker reflection on the direct observation**

Social worker should write comments on the observed practice and attach it to this form.

Did they achieve the aims of the session?

What did they think they did well?

What could they have improved on?

How do they intend to do this?

Were there any unexpected problems that occurred in the direct observation?

Please include any other comments that you feel are relevant

**Social workers Signature**

**Date:**

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**Appendix C**

**Lessons Learned from Complaints and Members Enquiries**

| | |
|---|---|
| **Manager's Name, completing form:** | |
| **Team Name:** | |
| **Date:** | |

| | |
|---|---|
| **Complaint Ref:** | |
| **Name of Complainant(s):** | |
| **Date Responded:** | |

| |
|---|
| **Summary of Complaint/Member's enquiry:** (completed by Complaints team) |

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| Outcome of the complaint (tick as appropriate): | | | | | |
|---|---|---|---|---|---|
| Upheld | | Part upheld | | Not Upheld: | |

| Action(s) taken to resolve the complaint: (you may tick more than one) | | | |
|---|---|---|---|
| Apology | | Review Procedure | |
| Explanation | | Review policy | |
| Provide service | | Compensation (state cost) | |

**Lesson(s) Learned:** (to include action to improve service/performance, any issues arising for service planning/development and suggestions for changes in procedures that have been identified during the course of handling this complaint:

Return address:

Nikki Cruikshank, Service Manager - Safeguarding & Quality Assurance

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**Appendix D**

**Single Agency Audit:**

Methodology:

The Single Agency Audit is carried out by the Teams that are not participating in the Balanced Score Card approach. This will consist of a monthly audit by Team Managers and Service Manager.

The case list is drawn up by the QA Team and three cases are allocated to a Service manager and Team Manager using a bespoke audit tool. Each are assigned cases within their own area of expertise and knowledge.

The managers are given Two months to complete the audits and return to the Social Worker and Team Manager and Service manager, and copied to the lead auditor in the Quality Assurance Team. The audit returns must include an action plan where action is necessary. Cases that are graded as requires improvement or inadequate will be reviewed by the QA Auditor, and forwarded to the Assistant Director and Service Manager. The QA team will also review a sample of cases that have been graded "good" or above. The Assistant Director will require the team to address the concerns, and the QA Auditor will verify the action taken.

For all returned audits the Team Manager and the Social Worker will review the findings and the list of actions in supervision and upload the audit and any action plan into the documents.

The Team Manager will subsequently complete an overview of all the findings of all the audits of cases within the team, report this to the Service Manager, and carry out a planned exercise/discussion with the team to raise and improve practice. The outcomes will be measured in the next round of audits with a view to demonstrating continual improvement. Please see section 5 and figure 3.

The QA team will provide a programme of training and support for Managers around quality assurance to support and facilitate the process, and help managers use quality assurance to address practice. Where managers fail to complete audits by the timescale given, or fail to complete audits of satisfactory quality, this will be identified by the QA Team and this will become a matter for individual performance management by the Service Manager. SMT will closely monitor the follow up process.

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**Appendix E**

**Outline of a Multi agency Audit Process:**

1) Audit Group:

Following a decision for a Multi agency audit to be completed, the Quality Assurance Team will set up an audit group made up of lead auditors from each of the agencies, with the LSCB Business Development Manager taking the Lead Auditor role and be responsible for the audit process, final report and recommendation. The audit group to be coordinated by the Business Development Manager and to undertake a series of audits as set out by and in line with the priorities identified at the HSCB.

Each agency would need to appoint a lead practitioner or manager from that agency who had not case work involvement or responsibility for the cases being audited to carry out the audit. The lead agency auditors can be replaced or alternated as the year progresses to share the skills, learning and work load.

2) Training

The audit group will be supported by the Quality Assurance Team with initial training of completing the audit tool, roles, and ongoing training to develop a consistent and focussed approach in completion of the audit task.

3) Baseline Audit:

The audit group would set a baseline for improvement and would complete an eight to ten case audit on children within a specific area of the service, i.e. subject to child protection plans, children looked after etc. This would enable the audit group to bench mark quality of practice and enable comparisons to be made in subsequent audits of each serves identified. It would also identify key lines of enquiry for further audit and system or practice changes that could lead to improvements.

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4) Audit Tools:

Audits would be undertaken using the appropriate audit tools, which focus on outcomes for children and grade practice using the Ofsted grading tools. This is to enable agencies to get an accurate idea of their performance in any inspection and take action to track and improve.

It is also envisaged that specific audit tools will be developed by multi agency partners with guidance and support form the Quality Assurance Team. This will specifically enable the individual agency meet the requirements set out for the audit theme, and have a tool specific to their own serve that generates the information required to form a multi agency overview. Guidance on how to use the Ofsted grades is also provided in the initial training, guidance notes and ongoing support.

5) Process:

Each audit would be set up by the Business Development Manager on behalf of the Performance Sub-committee with the audit group, and the terms of reference would be clarified and set out. The audits will target key areas identified in the HSCB work plan, or emerging themes from SCRs, or other key concerns of the HSCB.

The Business Development Manager would set the time scale for completion of the audit with the audit group. A 'pre-meeting' of the audit group prior to the start date of the audit would take place as to ensure clarity of themes, and to develop a good understanding of the process by all concerned completing the audit. This would give an excellent opportunity for a multi agency 'team' approach to completing the audits and ease any issues, vagueness or ambiguity of the theme identified. Certain check points will be identified either for review of progress or specific timescales as to ensure completion of the overview remains on target. The completed audits would be sent to the Business Development Manager by the agreed date set out at the pre meeting, and then a consultation meeting would be reconvened to analyse and identify feedback and learning. A report would be produced by the Business Development Manager for the Performance Sub-committee and HSCB with a set of key outcomes and learning with some recommendations, an action plan would be developed as a result of the audit for services to work to which the Performance Sub-committee would then track and report to the HSCB over and agreed period of time i.e.6/12 months.

The feedback and recommendations will feed into the ongoing improvement cycle for the HSCB.

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6) Information Sharing and security

Each case will receive a code which will be entered on the audit itself to avoid identifying the child or family. The only individuals who will have access to the identity of the child will be the auditors and the coordinator.

All of the cases will already be involved in a multi agency process where the legal basis for sharing information has been established either through statutory means (child protection) or client consent (Child in need). The use of client information to undertake audit into the effectiveness of the agencies' work is a legitimate use of the information held by the agencies and consistent with carrying out duties in line with the purpose for which it was given. All personal identifiable information that is shared in this process must adhere to the Caldecott principles:

1. That the sharing of the information is justified

2. That the sharing of the information is necessary

3. That only the minimum information is shared to achieve the purpose

4. That the sharing is based on a need to know basis

5. That those involved in sharing information understand their responsibilities in respect of that information

6. That the information that is shared is done so legally

Agencies are entitled to conceal confidential client information from the audit where the sharing of that information is not necessary or justified or might cause "significant damage or distress" to the client. All decisions around withholding information due to boundaries of confidentiality should be determined by the internal processes of the agency holding the information, and not the audit group.

Audits will be stored electronically in the HSCB on restricted and secure password protected networks and only transferred on encrypted memory sticks. Audits will be circulated electronically by email, with a password sent separately, and without the code. The HSCB will

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hold the audits for three years for inspection purposes before destroying them. Each agency will hold their individual audits in line with their own individual policies.

The audits would be classified as "restricted" under the Governments Protected Marking Scheme because they could cause "substantial distress" to clients if not handled securely.

7) Consultation and feedback:

It is anticipated that the audit process will involve reading the case files, discussion with the case workers involved, and that an identified participation worker will carry out a visit to the family and speak to the child, alongside this the designated Quality Assurance Officer will speak to the parent/carer about the impact the work has had on their lives. In this way the audit process will integrate outcomes from consultation with the family and child.

Following each audit the agency auditor will need to meet the practitioner to give them feedback on the audit and grades given. Any learning that emerge which pertains to the worker's own practice needs to be incorporated into that worker's own supervision and learning and development plan. Learning that emerges about systems and common practice issues need to be taken back by the individual agency through their own internal management boards. Where practice issues are partnership ones the issues need to be included in the joint report to the Performance Sub-committee and improvements included in the multi agency action plan.

8) Cycle of Improvement

The Performance Sub-committee will report back to the HSCB on key findings, and make key recommendations which they will then monitor and report to the Board.

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**Benefits:**

This audit process would provide the Performance Sub-committee and the HSCB with the following:

Robust qualitative and quantitative information about the effectiveness of safeguarding

Develop a culture of continuous improvement and learning established across the agencies

Detailed information about key areas of enquiry available at relatively short notice

Feedback from parents and children about practice

Evidence for individual agencies about performance and practice in safeguarding

Preparation for Each ahead of the Announced Inspection

**Requirements from each Agency:**

1) Sign up and ownership:

Each agency will need to sign up to the audit programme and the process and support it at a senior level, overseeing the allocation of resources and ensuring that lessons are implemented within their agency. The following resource commitments will be required:

Each agency will need to allocate a manager or senior practitioner who can be lead auditor in the audit group. This manager will need capacity to audit several cases a month. At some times of the year this may be more.

CHILDREN'S SOCIAL CARE will need to provide a participation officer.

HSCB Business Development Manager will need time to coordinate and lead the audit process, analysis and write up of learning and recommendations.

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# STANDARDS AND QUALITY IN EDUCATION IN HILLINGDON 2013/2014

**Contact officer**: Dan Kennedy
**Telephone**: 01895 250495

## REASON FOR ITEM

To advise Members on the standards and quality of education in Hillingdon schools, including a summary of performance trends and inspection outcomes for the academic year 2013/14.

## OPTIONS OPEN TO THE COMMITTEE

- To note the information provided in the report.

## INFORMATION

The attached Standards and Quality in Education in Hillingdon 2013/14 report was considered by Cabinet on 22 January 2015. The report is brought to the Children, Young People & Learning Policy Overview Committee for information.

## SUGGESTED COMMITTEE ACTIVITY

§ To seek clarification of the information contained in the report.
§ To note the information provided in the report.

# STANDARDS AND QUALITY IN EDUCATION IN HILLINGDON 2013/2014

## Summary

1.  Ofsted inspection outcomes are generally positive and reflect the good quality of education provided by Hillingdon schools. The main findings from the review of schools performance for the academic year 2013/14 are:

    *   Overall, results have improved and attainment for pupils in Hillingdon continues to rise throughout the key stages. Results overall remain either in line with or above national results. There have been a number of changes in the national assessment frameworks which means reliable comparison with previous years has not always been possible.
    *   Ofsted assessments show that 76% of secondary pupils and 81% of primary pupils attended a school in Hillingdon which was judged as 'good' or 'outstanding'. This is on par with the national average.
    *   For Looked After Children, due to changes in the national assessment framework at key stage 4 it is not possible at this stage to make comparisons to previous year's performance. Targeted action is being taken to raise standards.
    *   Special Educational Needs – outcomes for pupils in general show positive progress against peers.
    *   Success rates of pupils in Hillingdon's Adult Learning Services continue to remain high at 87%, and above or equal to the national average.

2.  The remainder of the report provides further information about the outcomes achieved at the different education stages.

## Putting Our Residents First – Raising Standards in Education

3.  Putting residents first is central to the work of Hillingdon Council. This includes ensuring that every child in Hillingdon has access to a high quality school place as close to home as possible. Hillingdon Council has delivered a significant primary school places expansion programme in recent years to meet the rising demand for school places; totalling £150m, the largest in London. Significant investment by the Local Authority in new and modern education buildings and facilities is providing the high quality learning environment that children need in Hillingdon for the best start in life.

4.  The Council recognises that access to the very best education opportunities for Hillingdon's children and young people, from early years onwards, ensures the Borough remains a popular and desirable place of choice for families who are attracted to the area by the positive reputation of Hillingdon's schools.

5.  The education landscape has been changing nationally and locally. There is now a diverse range of providers in Hillingdon offering opportunities to children and young people from early years through to adulthood. Schools operate within a framework of autonomy and have the primary responsibility for their own performance. Schools are

also responsible for deploying school improvement resources to support their continuous self-improvement and form part of a wider school community to raise standards in education across all schools in Hillingdon.

6. The Council has a particular role to play in promoting high standards for all pupils, including vulnerable pupils. This includes:

   - collating and analysing the performance for all publicly funded schools in Hillingdon to identify those at risk and those in need of additional support (i.e. managing intelligence on school performance).
   - monitoring and challenging the performance of individual schools for all pupils, specific groups of pupils and individual pupils. This includes reviewing school improvement plans and monitoring the progress of these plans.
   - adopting a brokerage role for schools to access support from other schools.
   - issuing warning notices and recommending intervention action for community schools where required to drive up standards. This action is usually recommended as a last resort.

7. For Academies and Free Schools the Local Authority has limited powers to intervene, but if necessary, can refer concerns to the new Regional Schools Commissioner and / or the Secretary of State for Education.

**<u>Ofsted Inspections of Schools</u>**

8. During the academic year 2014 eighteen state funded schools in Hillingdon (including Academies and one new Studio College) were inspected by Ofsted (Office for Standards in Education). Ofsted award schools a performance judgement from inspections using a four point assessment scale ( 1) outstanding, 2) good, 3) requires improvement and 4) inadequate).

9. The overall effectiveness of twelve of the eighteen schools inspected in 2014 was deemed to be outstanding or good with six judged as 'requiring improvement'. None were judged as inadequate. Overall, the percentage of schools judged to be 'good' or 'outstanding' in Hillingdon is on par with the national position of schools judged by Ofsted (see table 1 below).

Table 1: Summary of Schools in Hillingdon by Ofsted Judgement
(Figures for the number of schools are in brackets)

| Ofsted Judgements from School Inspections | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 1) Outstanding | | 2) Good | | 3) Satisfactory or Requires Improvement | | 4) Inadequate | |
| | National* | LBH | National* | LBH | National* | LBH | National* | LBH |
| **Primary** | 17% | 19.7% (13) | 64% | 60.5% (40) | 18% for categories 3 and 4 | (13) 19.7% | See category 3 | 0 |
| **Secondary** | 21% | 26.3% (5) | 49% | 47.4% (9) | 23% | 26.3% (5) | 6% | 0 |
| **TOTAL (all schools)** | - | 21.2% (18) | - | 57.6% (49) | - | 21.2% (18) | - | 0 |

*Figures for national Ofsted results are for the period ending 31 August 2014.

**Monitoring and Challenging the Performance of Individual Schools**

10. As part of the statutory responsibilities placed on Hillingdon Council to monitor the performance of individual schools and support schools to raise their standards, the Local Authority commissioned a programme of school performance reviews of all community schools (excluding Academies and Free Schools). The programme of reviews commenced in September 2014 to complete 40 reviews by the end of the first year. By the end of the autumn term 14 schools were reviewed and received reports. These 14 reviews are being used by the respective Governing Body and the Head Teacher of individual schools to develop targeted improvement plans where these are required.

11. During the last year it has been necessary for Hillingdon Council to commence intervention action in three schools where education standards have not improved. In one instance a warning notice has been issued and in another two cases applications have been submitted to the Department for Education to set up Interim Executive Boards (IEB). Both IEBs were approved and are in place for the schools in question. The Boards are actively progressing the necessary action to raise standards in the two schools.

12. As a priority for the coming year officers will be working closely with schools to define and ensure understanding of roles and responsibilities to drive up school standards and agree with schools a school-led framework for school improvement.

## Overview of School Performance – 2013/14

### A.  Foundation Stage (age 3 to 5):

13.  The Foundation Stage assessments were changed in 2013.  The year 2014 was therefore the first year where it has been possible to draw comparisons with the previous year's performance under the new system.  Overall, performance for the seven key subjects shows improvement across all areas, but remains below the national and outer London averages.  In some subjects, Early Years providers in Hillingdon are now very close to achieving the average for outer London and nationally.

14.  The assessment at the Foundation Stage is based entirely on teacher assessments.  Officers from the Local Authority have been working with staff in early years settings to improve the way in which assessments are conducted, which has directly raised standards.  During 2013/14 the moderation focus was on mathematics, which has improved by 14 points.  For 2014/15 the focus will initially be on literacy.

Priorities for Foundation Stage
- To continue to support Teachers in making secure and consistent judgements against national standards through rigorous moderation.  The initial focus will be on literacy.
- Narrowing the gap between the attainment of boys and girls to address the difference between Hillingdon's performance and national performance.

Table 2: Performance at Foundation Stage - Percentage of Overall Teacher Assessments (Difference in performance to 2013 shown in brackets)

| SUBJECT | HILLINGDON | | NATIONAL | | OUTER LONDON | |
|---|---|---|---|---|---|---|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| **Communication & Language** | 64 | 69 (+5) | 72 | 77 (+5) | 72 | 78 (+6) |
| **Physical Development** | 77 | 83 (+6) | 83 | 86 (+3) | 83 | 86 (+3) |
| **Personal Social & Emotional Development** | 71 | 78 (+7) | 76 | 81 (+5) | 77 | 82 (+5) |
| **Literacy** | 58 | 65 (+7) | 61 | 66 (+5) | 62 | 68 (+6) |
| **Mathematics** | 55 | 69 (+14) | 66 | 72 (+6) | 67 | 74 (+7) |
| **Understanding the World** | 67 | 77 (+10) | 75 | 80 (+5) | 75 | 80 (+5) |
| **Arts/Design & Making** | 72 | 82 (+10) | 78 | 83 (+5) | 78 | 83 (+5) |

## B. Key Stage 1 (age 5 to 7):

15. At key stage 1, pupils are expected to achieve a Level 2 assessment. For the specific areas of assessment analysis shows:

- Reading - the proportion of pupils attaining Level 2 or above has remained at the same level as last year whilst the proportion of pupils attaining Level 3 or above has continued to improve and is above the national and outer London averages.
- Writing - the proportion of pupils attaining level 2 or above has improved to above national averages and is in-line with the outer London averages. The proportion of pupils attaining Level 3 or above is better than last year, is above the national average but below the outer London averages.
- Maths - the proportion of pupils attaining Level 2 or above has improved compared to the previous year and remains above the national and outer London averages.
- Phonics - 77% of pupils are working at the desired phonics level which is 6% better than last year and is above the national average (74%) and in line with the outer London average (77%).

Priorities for Key Stage 1
- Further detailed analysis shows some differences in attainment across specific pupil groups, including differences between boys and girls. Therefore a priority is to continue to narrow the gap between boys and girls in relevant areas;
- Continue to maintain the improvement and remain above the national average in all areas.

Table 3: Performance at Key Stage 1 (percentage of pupils)
(Difference in performance from 2013 shown in brackets)

| SUBJECT | LEVEL | HILLINGDON | | NATIONAL | | OUTER LONDON | |
|---|---|---|---|---|---|---|---|
| | | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| **Reading** | 2+ | 91 | 91 (-) | 89 | 90 (+1) | 90 | 90 (-) |
| **Reading** | 3+ | 31 | 33 (+2) | 29 | 31 (+2) | 30 | 32 (+2) |
| **Writing** | 2+ | 85 | 87 (+2) | 85 | 86 (+1) | 86 | 87 (+1) |
| **Writing** | 3+ | 15 | 17 (+2) | 15 | 16 (+1) | 16 | 18 (+2) |
| **Maths** | 2+ | 92 | 93 (+1) | 91 | 92 (+1) | 92 | 92 (-) |
| **Maths** | 3+ | 26 | 28 (+2) | 23 | 24 (+1) | 25 | 27 (+2) |

**C. Key Stage 2 (age 7 to 11):**

16. At key stage 2, pupils are expected to achieve a Level 4 assessment. The measure of expected progress is built on the principle that pupils achieving a level 4 in English or in Maths by the end of key stage 2 should be expected to achieve at least a 'C' grade GCSE in that subject. The key stage 2 tests were changed in 2013. The English test was replaced by Reading, Writing and Grammar, Punctuation and Spelling (GPS). 2014 is the first year it has been possible to compare the results with previous years. Overall, results for Hillingdon schools show continued improvements in 2014 compared to previous years and in all subject areas exceed or equal the national average. For the specific areas of assessment:

- Reading – the proportion of pupils attaining level 4 has improved over the last year and remains above the national position and matches the average performance for pupils attending schools in outer London. Almost 9 out of every 10 pupils in Hillingdon are achieving the required standard.
- Writing – the share of pupils attaining level 4 or higher has markedly improved over the last year, and is above the national and outer London average.
- Maths – The proportion of pupils attaining level 4 or above is slightly better than last year. Performance is above the national average and is in line with outer London averages. The proportion of pupils attaining Level 5 or above is the same as last year and above national averages but just below the outer London average.
- Grammar, Punctuation and Spelling - the proportion of pupils attaining level 4 is above the national position and matches the average performance for pupils attending schools in outer London.

Priorities for Key Stage 2
- Continue to target and challenge schools to increase achievement at key stage 2 to be above the national average for all areas.

Table 4 – Performance at Key Stage 2 (percentage of pupils)
(Difference in performance from 2013 shown in brackets)

| SUBJECT | LEVEL | HILLINGDON | | NATIONAL | | OUTER LONDON | |
|---|---|---|---|---|---|---|---|
| | | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| Reading | 4+ | 87 | 89 (+2) | 86 | 88 (+2) | 86 | 89 (+3) |
| Reading | 4B+*** | 76 | 78 (+2) | 75 | 78 (+3) | 76 | 79 (+3) |
| Reading | 5+ | 43 | 49 (+6) | 45 | 49 (+4) | 45 | 51 (+6) |
| Writing (TA*) | 4+ | 84 | 88 (+4) | 83 | 85 (+2) | 84 | 86 (+2) |
| Writing (TA*) | 5+ | 29 | 33 (+4) | 30 | 33 (+3) | 32 | 38 (+6) |
| Maths | 4+ | 87 | 88 (+1) | 85 | 85 (-) | 86 | 88 (+2) |
| Maths | 4B+ | 77 | 79 (+2) | 73 | 75 (+2) | 77 | 79 (+2) |
| Maths | 5+ | 46 | 46 ( -) | 41 | 42 (+1) | 46 | 47 (+1) |
| GPS** | 4+ | 78 | 80 (+2) | 73 | 76 (+3) | 78 | 80 (+2) |
| GPS** | 4B+ | 70 | 73 (+3) | 64 | 68 (+4) | 70 | 73 (+3) |
| GPS** | 5+ | 53 | 58 (+5) | 47 | 52 (+5) | 54 | 59 (+5) |

*TA refers to teachers' assessment of writing
**GPS = Grammar, Punctuation and Spelling
*** 4B is defined as a "good level 4"

### D. Key Stage 4 (age 14 to 16):

17. During the academic year 2013/14, significant national reforms were introduced which affected the results of key stage 4 assessments. The main reason for this can be attributed to early entry and vocational qualification reforms which impact on the way qualifications contribute to performance table measures. Not only were the range of subjects which attract points reduced, but some subjects which previously equated to two or more GCSEs were capped at one award. In addition, the points from subsequent re-sits resulting from early entry to exams have been limited to the first entry for assessment only. The collective impact of these reforms has reduced the potential average points scores on which performance tables are constructed. During this time, the exams framework moved away from modular qualifications to "end-only"

exams and this has resulted in changes to the taught curriculum and transitional arrangements.

18. As a result of these collective changes, it is not accurate to directly compare 2014 key stage 4 results with previous years. The following table summarises the performance at key stage 4 and for completeness the results from the key stage 4 assessments in 2013 have been retained and included for ease of reference.

19. At key stage 4 a key benchmark of performance is the percentage of pupils attaining at least five GCSEs at grades A*-C. Overall, a higher share of pupils attending a Hillingdon school in 2014 achieved the benchmark compared to the average across the country.

Table 5 – Performance at Key Stage 4 (percentage of pupils)

| SUBJECTS | HILLINGDON | | NATIONAL | | OUTER LONDON | |
|---|---|---|---|---|---|---|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| **Percentage of pupils attaining at least 5 A* - C Grades** | 86 | 68 | 81 | 63 | 84.5 | 71 |
| **Percentage of pupils attaining at least 5 A* - C Grades (inc English and Maths)** | 61 | 58 | 58.5 | 52.5 | 65.5 | 61.5 |
| **Percentage of pupils making expected progress in English** | 73.5 | 72.5 | 71 | 71 | 78 | 78 |
| **Percentage of pupils making expected progress in Maths** | 74 | 69 | 72 | 65 | 78.5 | 72 |

Priorities for Key Stage 4
- Supporting the two remaining LA Secondary Schools for which the LA retains responsibility (i.e. non Academies).
- Supporting LA schools to move from 'requiring improvement' to 'good' in the Ofsted ratings.

## E. **Key Stage 5 (Age 16 to 19):**

20. At key stage 5 there are two main national indicators of performance:
- The average point score per student (based on cumulative performance in GCSE/ A/AS and key skills examinations – usually over 2 years).
- The average point score per examination entry (based on cumulative performance in GCSE/A/AS and key skills examinations – usually over 2 years).

21. The average point score per student has shown significant falls both in Hillingdon, outer London and nationally. The average point score per examination entry is slightly

down in Hillingdon for 2014, leaving it just below both outer London and national averages.

Table 6 - Key Stage 5 Summary (Difference in performance from 2013 shown in brackets)

| SUBJECTS | HILLINGDON | | NATIONAL | | OUTER LONDON | |
|---|---|---|---|---|---|---|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| Average point score per student | 710 | 624 (-86) | 724 | 680 (-44) | 705.5 | 689 (-16.5) |
| Average point score per entry | 208 | 203.5 (-4.5) | 213 | 213.5 (+0.5) | 211.5 | 212 (+0.5) |

## F. Looked After Children (LAC):

22. From reviewing the attainment of those children looked after continuously for 12 months for the year 2013/14 the findings show at key stage 4, the percentage of children looked after achieving A*-C in all subjects was 14.3% in 2014. The percentage achieving 5+ A*-C including English and Mathematics was 7.1%. Due to the impact of the national reform of the key stage 4 assessments, it is difficult at this stage to draw reliable comparisons to previous years. Targeted checks are being made on schools to ensure looked after children receive the additional support they need to raise attainment. Further information about the attainment of looked after children can be found in appendix 1 and will also be reported separately to Hillingdon's Corporate Parenting Board.

Priorities
- Ensure every looked after child has an up-to-date Personal Education Plan setting out the targeted support needed for the young person to improve their education outcomes.
- All action plans are regularly reviewed and progress checked to ensure looked after children receive the support that has been agreed.

Table 7 – Looked After Children Key Stage 4 Summary

| KS4 Attainment | 2013-14 |
|---|---|
| A* - C in English and Mathematics | 7.1% |
| 5 + GCSEs A* - C including English and Mathematics GCSEs | 7.1% |
| 5 + GCSE's A* - C or equivalent – all subjects | 14.3% |

## G. **Special Education Needs (SEN):**

23. In line with the Children and Families Act 2014 from September 2014 onwards the SEN statements are being replaced by Education, Health and Care Plans (EHC). The new Plans will be phased in over a three and a half year transition period. The School Action and School Action Plus categories will be combined for reporting purposes into an SEN support category in 2014/15, although SEN statements will remain for the time being. This will make comparisons with previous performance more difficult as the changeover happens. Work to implement these changes is well advanced in Hillingdon.

24. For key stages 1, 2 and 4, analysis of attainment for children and young people with additional support needs shows that good progress has been made across most groups, with notable improvements at key stage 1 and key stage 4.  Progress from year to year will, however, depend on the specific needs of children.  Pupil progress is based on a range of factors e.g. pupil prior attainment, gender, month of birth and other pupil and school contextual factors.  The tables below provide further information about progress at the different key stages.

Table 8 – Education Outcomes for Children with Special Needs

8a. SEN KS1 (scores for reading, writing and maths)

| Pupils | Actual Results | | | Pupil Progress | | |
|---|---|---|---|---|---|---|
| | Avge Point Score | % Level 2+ | % level 3+ | Average Point Score | % level 2+ | % level 3+ |
| School Action (318) | 13.1 | 60% | 0% | +0.0 | +1% | 0% |
| School Action+ (245) | 13.0 | 55% | 3% | +0.2 | +2% | +1% |
| Statement (93) | 7.6 | 23% | 2% | -0.1 | +6% | +2% |

8b. SEN KS2 (scores for reading, writing and maths)

| Pupils | Actual Results | | | Pupil Progress | | |
|---|---|---|---|---|---|---|
| | Average Point Score | % level 4+ | % level 5+ | Average Point Score | % level 4+ | % level 5+ |
| School Action (345) | 25.2 | 47% | 1% | -0.1 | -3% | -2% |
| School Action + (213) | 24.5 | 40% | 5% | +0.4 | +4% | +1% |
| Statement (101) | 16.6 | 10% | 4% | +0.8 | -2% | +2% |

8c. SEN KS4 (5 GCSEs A*-C)

| Pupils | Actual Results | | | Pupil Progress | | |
|---|---|---|---|---|---|---|
| | % 5+ A*-C Eng and Maths GCSE | Avge point score best 8* | % EBacc** | %5+ A*-C Eng and Maths GCSE | Avge point score best 8* | % EBacc** |
| School Action (324) | 30% | 254 | 7% | -1% | -4 | -0% |
| School Action + (122) | 30% | 226 | 2% | +4% | -8 | -2% |
| Statement (112) | 11% | 108 | 2% | +2% | -5 | +0% |

*Average Point Scores are the total points achieved by pupils in their best 8 GCSEs (or equivalents).
**English Baccalaureate

## H. **Hillingdon Adult Learning Service:**

25. The Hillingdon Adult Learning Service provides opportunities for adults to learn new skills which align to Hillingdon's priorities and those of the Department of Business, Innovation and Skills. The service is subject to Ofsted inspections and is graded as 'good'.

26. Overall, the service continues to deliver positive outcomes for Hillingdon residents with a high proportion of learners achieving their expected learning aims, and consistently above average. The following table summarises the key outcomes.

Table 9 – Hillingdon Adult Learning Outcomes

| Key Performance Indicator | 2011/12 | 2012/13 | 2013/14 | 2013/14 comparison to Provider Group average | 2013/14 comparison to National average |
|---|---|---|---|---|---|
| Success Rates % | 88% | 89% | 87% | 83.6% | 84.6% |
| Retention Rate % | 93% | 93% | 92% | 92% | 92% |
| Achievement Rate % | 94% | 95% | 95% | 91% | 92% |

Notes:
Success rates: the proportion of enrolled learners who successfully achieve their aims.
Retention rates: the proportion of enrolled learners who are retained until the course ends.
Achievement rates: the proportion of retained learners who successfully achieve their aims.

## I. School Attendance and Exclusions

27. The times that children are absent from school can have a detrimental impact on their learning outcomes. Levels of attendance and exclusions from schools are closely monitored to ensure children remain in education and standards are being met.

Attendance

28. In the period 2013-14, attendance for key stage 1 pupils was 95%, 96% for key stage 2 pupils and 95% for key stage 4 pupils. These levels of attendance are consistently above the Ofsted thresholds. Ofsted thresholds for 2012-13 were 93.72% in primary schools and 92.46% in secondary schools. Attendance is closely monitored.

Exclusions

29. The latest comparable data available for school exclusions is for the period 2012-13. The next available data set will be collected from the January 2015 School Census. In Hillingdon during 2012-13, there were 5 permanent exclusions for assaults against another pupil, 8 permanent exclusions for persistent disruptive behaviour and 8 permanent exclusions for 'other' unspecified reasons. In Hillingdon levels of permanent exclusion are slightly above national and outer London levels at secondary school stages.

Table 10 - Permanent Exclusions

| Permanent Exclusions | State-funded Primary | State- funded Secondary | Special |
|---|---|---|---|
| England | 0.02% | 0.12% | 0.07% |
| Outer London | 0.01% | 0.14% | 0.07% |
| Hillingdon | 0 | 0.15% | 0 |

30. The proportion of fixed term exclusions was below average at primary level. At secondary stage the proportion of fixed term exclusions was above the average for outer London schools. The main reasons for fixed term exclusions included assault against another pupil, verbal/threatening behaviour, persistent disruptive behaviour and a high proportion for other "unspecified" reasons. Over the coming year further analysis of exclusions will be undertaken and shared with schools to highlight any patterns or concerns.

Table 11 - Fixed Term Exclusions

| Fixed term exclusions | State-funded Primary | State- funded Secondary | Special |
|---|---|---|---|
| England | 0.88% | 6.75%. | 14.68% |
| Outer London | 0.60% | 6.12% | 17.63% |
| Hillingdon | 0.40% | 6.35% | 49.06% |

**Appendix 1 - Additional Information for Looked After Children (LAC)**

## A. About the Looked After Children (LAC) Population:

|  | 2012-13 | 2013-14 |
|---|---|---|
| Current statutory school age LAC population | 172 | 205 |
| Total number of statutory school age children worked with during the academic year | 262 | 266 |

## B. Place of Education

|  | 2012-13 | 2013-14 |
|---|---|---|
| Number of statutory school age LAC educated within Hillingdon | 99 | 121 |
| Number of statutory school age LAC educated outside Hillingdon (as at 19.10.14) | 78 | 84 |
| Number of 17 and 18 year old LAC (as at 19.10.2014) | 142 | 91 |
| Non-Hillingdon LAC educated within Hillingdon (as at 19.10.2014) | 152 | 274 |

## C. LAC with Statements of SEN*

|  | Number of LAC aged 5- 18 with a Statement of SEN | Educated in Borough | Educated outside the Borough |
|---|---|---|---|
| 2012-13 | 58 | 22 | 36 |
| 2013-14 | 59 | 23 | 36 |

## D. Categories of SEN *

|  | BESD* | LD | ASD | SLD | PMLD | VI | Not Known |
|---|---|---|---|---|---|---|---|
| 2012-13 | 30 | 18 | 5 | 3 | 1 | 1 | 0 |
| 2013-14 | 30 | 18 | 3 | 4 | 2 | 1 | 1 |

* BESD = Behaviour, emotional and social difficulty   LD = Learning difficulty   ASD = Autistic spectrum disorder   SLD = Severe learning difficulty   PMLD = Profound and multiple learning difficulties   VI = visually impaired

*NB - from 2014/15 BESD will be replaced by a new category of "Social, emotional, and mental health difficulties".

## E. Education data for LAC - Key Stage 2 attainment

**Key Stage 2 Attainment -** There was attainment data for 9 pupils.  The available teacher assessment data showed: that for Maths and English 5 pupils achieved Level 5, 2 pupils achieved Level 3 and 2 pupils achieved level 2.

### Key Stage 4 Attainment

| KS4 Attainment | 2013-14 |
|---|---|
| A* - C in English and Mathematics | 7.1% |
| 5 + GCSEs A* - C including English and Mathematics GCSEs | 7.1% |
| 5 + GCSE's A* - C or equivalent – all subjects | 14.3% |

| Of the KS4 Cohort: | 2012-13 (Cohort: 39) | 2013-14 (Cohort:28) |
|---|---|---|
| How many indigenous children? | 67% | 75% |
| How many are UAS/C have ESOL? | 33% | 25% |
| How many have a Statement of SEN | 31% | 39% |
| How many are male? | 74% | 57% |
| How many are female? | 26% | 43% |
| How many are educated outside the Borough? | 64% | 25% |
| How many are educated inside the Borough? | 36% | 75% |

| Reportable KS4 data | Actual number of pupils achieving at this level 2012-13 | Actual number of pupils achieving at this level 2013-14 |
|---|---|---|
| Achieved 5 GCSE's at A*- C or equivalent including English and Maths | 4 | 2 |
| Achieved 5 GCSE's at A*- C or equivalent | 12 | 4 |
| Achieved 5 GCSE's at A*- G or equivalent | 14 | 10 |
| Achieved 1 GCSE or equivalent | 10 | 15 |
| Sat 1 GCSE or equivalent | 10 | 15 |
| Did not take any GCSE or equivalent exams. | 9 | 13 |

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## Forward Plan 2014/2015

**Contact officer**: Jon Pitt
**Telephone**: 01494 277655

### REASON FOR ITEM

The Committee is required by its Terms of Reference to consider the Forward Plan and comment as appropriate to the decision-maker on key decisions which relate to services within its remit (before they are taken by Cabinet or Cabinet Member).

### OPTIONS OPEN TO THE COMMITTEE

- To comment on items going to Cabinet or Cabinet Member for decision.

- Or to note the items and decide not to comment.

### INFORMATION

The latest published Forward Plan is attached. Any additions to the current published Forward Plan will be provided at the meeting. The Committee may wish to consider the non standard items that fall within its remit.

### SUGGESTED COMMITTEE ACTIVITY

To consider whether there are comments or suggestions that the Committee wishes to make.

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## Cabinet meeting - 19 March 2015

| Ref | Decision | Further information | Ward(s) | Final decision by Full Council | Cabinet Member(s) Responsible | Officer Contact for further information | Consultation on the decision | NEW ITEM | Private decision? |
|---|---|---|---|---|---|---|---|---|---|
| 17 | Abbotsfield School - Determination of Statutory Proposals | The Governing is body is proposing that the school becomes co-educational from September 2016. As a Foundation school, it can publish proposals but the Council is the decision-maker. The school has commenced pre-statutory consultation and it is proposing to commence statutory consultation in January. If there are no objections to the proposal, the decision can be taken by the Cabinet Member. | Hillingdon East & Various | | Cllr David Simmonds | RS - Venetia Rogers | The Governing Body will consult stakeholders as prescribed in legislation. | | |
| SI | School Capital Programme Update | This report will update Cabinet and request any necessary decisions in order to progress the School Capital Programme in order to upgrade facilities and keep on track to deliver sufficient places for children educated in the Borough. | Various | | Cllr Jonathan Bianco and Cllr David Simmonds | RS - Jean Palmer OBE / Bobby Finch | Corporate consultees | | Public / Private (3) |
| SI | Monthly Council Budget - monitoring report | The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position. | All | | Cllr Jonathan Bianco | FD - Paul Whaymand | | | |
| SI | Reports from Policy Overview & Scrutiny Committees | Major Policy Review recommendations for consideration by the Cabinet as and when completed. This month, Cabinet will receive reports on Member led reviews on Policing and Mental Health and also a report on the Youth Offending Service. | All | | Cllr David Simmonds | AD - Democratic Services | | | |
| SI | Academy Conversions | A standard report to Cabinet to seek approval for the Council granting long leases to schools who wish to convert to Academy Status. | Various | | Cllr David Simmonds / Cllr Jonathan Bianco | RS - Michael Patterson | | | Private (3) |

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| Ref | Decision | Further information | Ward(s) | Final decision by Full Council | Cabinet Member(s) Responsible | Officer Contact for further information | Consultation on the decision | NEW ITEM | Private decision? |
|---|---|---|---|---|---|---|---|---|---|
| **Cabinet Member Decisions - March 2015** | | | | | | | | | |
| SI | Standard Items taken each month by the Cabinet Member | Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan. | Various | | All | AD - Democratic Services | Various | | |
| **Cabinet meeting - 23 April 2015** | | | | | | | | | |
| SI | School Capital Programme Update | This report will update Cabinet and request any necessary decisions in order to progress the School Capital Programme in order to upgrade facilities and keep on track to deliver sufficient places for children educated in the Borough. | Various | | Cllr Jonathan Bianco and Cllr David Simmonds | RS - Jean Palmer OBE / Bobby Finch | Corporate consultees | | Public / Private (3) |
| SI | Monthly Council Budget - monitoring report | The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position. | All | | Cllr Jonathan Bianco | FD - Paul Whaymand | | | |
| SI | Reports from Policy Overview & Scrutiny Committees | Major Policy Review recommendations for consideration by the Cabinet as and when completed. | TBC | | as appropriate | AD - Democratic Services | | | |
| SI | Academy Conversions | A standard report to Cabinet to seek approval for the Council granting long leases to schools who wish to convert to Academy Status. | Various | | Cllr David Simmonds / Cllr Jonathan Bianco | RS - Michael Patterson | | | Private (3) |
| **Cabinet Member Decisions - April 2015** | | | | | | | | | |
| SI | Standard Items taken each month by the Cabinet Member | Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan. | Various | | All | AD - Democratic Services | Various | | |

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Council Departments: RS = Residents Services   CYPS =Children and Young People's Services   ASCS= Adult Social Care Services   AD = Administration   FD= Finance

| Ref | Decision | Further information | Ward(s) | Final decision by Full Council | Cabinet Member(s) Responsible | Officer Contact for further information | Consultation on the decision | NEW ITEM | Private decision? |
|---|---|---|---|---|---|---|---|---|---|
| **Cabinet meeting - 21 May 2015** | | | | | | | | | |
| SI | School Capital Programme Update | This report will update Cabinet and request any necessary decisions in order to progress the School Capital Programme in order to upgrade facilities and keep on track to deliver sufficient places for children educated in the Borough. | Various | | Cllr Jonathan Bianco and Cllr David Simmonds | RS - Jean Palmer OBE / Bobby Finch | Corporate consultees | | Public / Private (3) |
| SI | Academy Conversions | A standard report to Cabinet to seek approval for the Council granting long leases to schools who wish to convert to Academy Status. | Various | | Cllr David Simmonds / Cllr Jonathan Bianco | RS - Michael Patterson | | | Private (3) |
| **Cabinet Member Decisions - May 2015** | | | | | | | | | |
| SI | Standard Items taken each month by the Cabinet Member | Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan. | Various | | All | AD - Democratic Services | Various | | |
| **CABINET MEMBER DECISIONS - LIST OF STANDARD ITEMS CONSIDERED EACH MONTH** | | | | | | | | | |
| SI | School Governing Bodies and Governors | To approve appointments, nominate appointments and make reappointments of local authority governors and to approve any changes to school governing body constitutions. To also authorise any Officer or Member to be a Governor or Director of an Academy | | | Cllr David Simmonds | AD - Democratic Services | | | |

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# Work Programme 2014/2015

## REASON FOR REPORT

This report is to enable the Committee to review meeting dates and forward plans. This is a standard item at the end of each agenda.

## OPTIONS OPEN TO THE COMMITTEE

1. To confirm dates for meetings; and
2. To make suggestions for future working practices and reviews.

## WORK PROGRAMME 2014/15

| 25 Jun 2014 <br><br> VENUE: CR6 | Consideration of topics for the first major review of the year |
|---|---|
| | School Admissions Update |
| | Cabinet Forward Plan - Review forthcoming decisions |
| | Work Programme – Review the work programme for the coming year |

| 29 Jul 2014 <br><br> VENUE: CR6 | 1$^{st}$ Major Review – Consideration of Scoping Report |
|---|---|
| | Presentation on the SEND Reforms |
| | Budget Planning Report for Education & Children's Services 2015/16 |
| | Cabinet Forward Plan - Review forthcoming decisions |
| | Work Programme – Review the work programme for the coming year |

| 10 Sep 2014 <br><br> VENUE: CR6 | 1$^{st}$ Major Review – Consideration of revised Scoping Report |
|---|---|
| | Report on the Ofsted report on Merrifield House Resource Centre |
| | Report on the thematic audit into the number of children on Children Protection Plans and the number of Child Protection Enquiries |
| | Quarterly school place planning report |
| | Annual Complaints Report 2013/14 for Children and Young People's Services |
| | Cabinet Forward Plan - Review forthcoming decisions |
| | Work Programme – Review the work programme for the coming year |

Children, Young People & Learning Policy Overview Committee – 18 March 2015

| 08 Oct 2014 | 1st Major Review – 1st witness session |
| **VENUE: CR6** | Report on progress against the Ofsted Report Action Plans |
| | Cabinet Forward Plan - Review forthcoming decisions |
| | Work Programme – Review the work programme for the coming year |

| 26 Nov 2014 | 1st Major Review – 2nd witness session |
| **VENUE: CR6** | Consideration of topics for single meeting review |
| | Cabinet Forward Plan - Review forthcoming decisions |
| | Work Programme – Review the work programme for the coming year |

| 14 Jan 2015 | 1st Major Review – 3rd witness session |
| **VENUE: CR6** | Consideration of scoping report for single meeting |
| | Local Safeguarding Children's Board Annual Report |
| | Brief update on progress against the Ofsted Report Action Plans |
| | Budget Proposals Report |
| | Cabinet Forward Plan - Review forthcoming decisions |
| | Work Programme – Review the work programme for the coming year |

| 18 Feb 2015 | Consideration of draft final report from first major review |
| **VENUE: CR6** | Report on the Additional Needs Strategy |
| | Quality Assurance and Audit Framework – Children's Services - verbal update |
| | Single meeting review - witness session |
| | Cabinet Forward Plan - Review forthcoming decisions |
| | Work Programme – Review the work programme for the coming year |

| 18 Mar 2015 VENUE: CR6 | Progress Report on Action Plan in Response to Ofsted Inspection of Services to Children in Need of Help and Protection, Children Looked After and Care Leavers ("Ofsted Action Plan") |
|---|---|
| | Standards and Quality in Education in Hillingdon 2013/2014 |
| | Single Meeting Review - Hillingdon's Implementation of the Special Educational Needs and Disability (SEND) Reforms - Draft Report |
| | Cabinet Forward Plan - Review forthcoming decisions |
| | Work Programme – Review the work programme for the coming year |

| 15 Apr 2015 VENUE: CR6 | Quarterly Child Social Care Audit Update 2014/2015 |
|---|---|
| | Quarterly school place planning |
| | Update on the Implementation of Recommendations from past reviews of the Committee: <br><br> i) Elective Home Education <br> ii) Strengthening the Council's Role as a Corporate Parent <br> iii) Improving Outcomes for Care Leavers Not in Education, Employment or Training |
| | Cabinet Forward Plan - Review forthcoming decisions |
| | Work Programme – Review the work programme for the coming year |

*all meetings begin at 7pm unless otherwise stated*

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