Children's Social Care Service Improvement Action Plan 2015-16

This action plan is part of the Children's Social Care Service Improvement Plan, and is designed to progress the seven priority work stream targets. This plan will be monitored at regular intervals by the following management and corporate bodies:

- CYPS service manager meeting (Fortnightly)
- CYPS SMT (Monthly)
- Children's Services Performance Monitoring Board (Monthly)
- Deputy Leader of the Council and Cabinet Member for Education and Children's Services meeting (Monthly)
- Children, Young People and Learning Policy Overview Committee (Quarterly)
- Corporate Parenting Board (work streams 4 & 5 - 2 monthly)
- Local Safeguarding Children's Board (work streams 2 & 3 - 2 monthly)

Version July 2015

Work stream 1: Workforce Development

	Action / Process					Improvement Targets and Outcomes	
Ref	Action	Lead	Start Date	End Date	Progress - at July 2015	Performance Measures and Milestones	Key Targets
1.1	Update website to enable prospective applicants to have a good understanding of what Hillingdon can offer and expectations of the role of a Social Worker	HR	April 2015	Mar 2016	Meetings held with Penna who specialise in recruitment marketing. Focussing on developing the Council's 'employment brand'. Initially we will develop with Penna a strong proposition clearly articulating the Council's successes, direction, delivery model and competitive remuneration. This will be communicated on a new recruitment portal or 'micro-site' which will later be used for other recruitment across the Council.	New website functional	By Sept 2015 website updated and online.
1.2	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.	HR	April 2015	July 2015	A new Social Worker Job Profile has been developed clearly defining career progression and professional development within the Council. This will be a key message in the recruitment campaign and we will invite social workers to 'grow your professional career at Hillingdon'.	TBC by HR	On hold until Transition plan agreed by the Leader

1.3	Recruitment process through to delivery to meet the needs of the service in line with the improvement plan	HR	May 2015	Mar 2016	The Council is in a better place from which to recruit with clear direction, managed caseloads, competitive remuneration and a commitment to continued professional development all supporting the Council's offer to social workers. Plan to use Sanctuary, who specialise in social work recruitment in the UK, and HCL who have a dedicated overseas recruitment network.	Transition Plan agreed by the Leader	Full complement of Social Workers in post by July 2015
1.4	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	L&D	Jan 2015	On-going	A 4 day induction programme was launched in January 2015. The programme runs every month and invites / expects delegates to attend through the New Starters Form process or from Managers booking existing staff onto the programme. The number of delegates has increased over the last 3 months. To date all delegates that have attended have been either agency staff or student social workers.	100% of new workers attended induction programme	All staff inducted
1.5	AYSE support to be embedded, with clear standards and requirements set out to encourage these	L&D	Mar 15	On-going	Over the next month the work will include a review of the programme and processes with a view to modifying and enhancing the offer and support to ASYE, which will	100% of NQSW's remain in social work posts, 2 years after qualifying	High standard ASYE programme resulting in NQSWs taking up permanent social worker posts in Hillingdon, and

	newly qualified workers to remain in Hillingdon long-term				include an escalation process where gaps in that support to NQSW's are identified.		creating opportunity to grow future managers and create a stable workforce
1.6	Social Work Pathway to be embedded to ensure career structure is supporting individual needs	L&D	TBC by L&D	TBC by L&D	TBC by L&D	TBC by L&D	TBC by L&D
1.7	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	AD Children's Safeguarding and AD CiC, Permanency & Children's resources	April 2015	Sept 2015	All managers to provide supervision to staff in line with Hillingdon's Supervision Policy. All Senior Managers to ensure that supervising managers have received supervision induction and training within the first two weeks of employment (agency or permanent).	100% Compliance in the delivery of supervision	All staff receiving timely, good quality supervision in line with the Hillingdon Supervision Policy
1.8	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	AD Children's Safeguarding and AD CiC, Permanency & Children's resources	April 2015	April 2016	All staff with have a PADA completed in line with the targets set. All Senior Managers to ensure that supervising managers have received PADA induction and training within the first two weeks of employment (agency or permanent).	By May 2015 all staff in the Children & Young People's team have a PADA in place, which will have expected priorities by role in line with this action plan.	PADA targets to be rolled out to all staff. Checks are undertaken to ensure that PADA's have been signed off. PADA reaches 100% completion
1.9	Management	AD Children's	April	April	All Senior Managers to	100% of managers to	All managers have a clear

	development plan to be completed for all managers to support their practice with clear measures of performance incorporated in their development plan / PADA	Safeguarding and AD CiC, Permanency & Children's resources	2015	2016	complete Management development plans with their managers.	have a management development plan	plan of support and career progression

Work stream 2: Improving Triage, MASH and Referrals & Assessment

	Action / Process					Improvement Targets and Outcomes	
Ref	Action	Lead	Start Date	End Date	Progress - Actions	Performance Measures and Milestones	Progress – Outcomes and Key Targets
2.1	Improved and consistent decision-making by the Triage and MASH teams	Service Manager Triage/ MASH	April 2015	April 2016	• Performance data (demand and capacity data set)is collated and reviewed regularly around level of contacts, conversion rate to referrals into Social Care • Service undertakes regular supervision audits and PADA reviews • Manager audits of social workers decision making and multi agency discussion and agreement of case progression.	• Data around following Key Indicators as recommended by The London Chief Exec. Self-Improvement Board line is collated • Rate of assessments per 10,0010,000 of the CYP population • Rate of section 47 enquiries per 110,000 of the CYP population. • % of referrals leading to the provision of a social care service (as defined by the child becoming a child in need).	• Data around Key Indicators as recommended by The London Chief Exec. Self-Improvement Board is in line with statistical neighbours • Audits and data indicating consistent decision-making from Triage and Mash. Audit of decision- making planned • On-going partner discussion regarding thresholds and delivery of training to partners to explore social care decision making and the MASH concept • The MASH Manager remains the final decision maker on all cases progressing for assessment. • Threshold Training given to all MASH staff
2.2	There will be an increase in families stepping down at key	Service Manager Triage/	April 2015	On-going	Protocol between Children Social Care and Early Intervention service to be	• % families no longer receive a statutory service and not re-	

	points in social care (at contacts, post assessment and during CP / CIN work) - seen via demand and capacity data set	MASH			rolled out to all managers and staff within the MASH, Assessment and Social Work Team	referred to statutory social work for 6 months.	
2.3	Best Value is obtained from Skylakes team in that they deliver to contract showing consistent good performance and to an acceptable practice standard	AD Children's Social Care	Nov 2014	April 2016	● Contract oversight - Performance Indicators are set and regular meetings are held on risks and issues. Partnership framework is established.	Key Indicators and delivery model is agreed and delivered: ● Implementing a 5 week duty service that will undertake duty tasks and assessments of all children in need. ● Delivering 100% of assessments within 45 days max with an average of 30 days per assessment. ● Delivering 100% of ICPC within 15 days. ● %families no longer receive a statutory service and not re-referred to statutory social work for 6 months.	● Assessment Service is established and resourced. ● Regular risks and issues meetings are held. ● Performance data is collated and shows achievement of indicators. ● The added capacity provided by Skylakes will alleviate pressures in the social work teams. Results will be seen in the reduction of 'backlog' cases and new work being completed more frequently within timescales. ● Improved throughput 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 Children's Pathway).

2.4	Improve EDT staff recording practice following snapshot review.	Service Manager Triage/ MASH	April 2015	On-going	• ICS Training has been provided to all EDT staff regarding recording all information and protocols • EDT are now aware of the correct protocols regarding the reporting of missing children.	• TRIAGE team are reported any issues weekly of incorrect recording and timeliness of reporting.	• EDT to work in line with the social work teams and remain consistent in their approach to recording. • Snapshort Review to be discussed at SMM for further improvement consideration • Full EDT review completed in April 2015 and sent to senior management. Monthly meetings take place between senior manager and Finance for budget monitoring purposes
2.5	Improve service offer for DV	Service Manager Triage/ MASH	April 2015	Sep 2015	• MASH partnership to deliver DV specialist role to MASH to identify and enhance service offered to families identified with DV risk. • Introduction of CAADA-DASH Risk Identification tool to the Assessment and SW teams. • Introduction of Barnardo's DV Risk Identification Matrix.	• Improved signposting for DV families from CSC. • An increase in orders against perpetrators or legal remedies. • Social Workers and audits indicate an improvement in assessment quality re. DV families. • Full time IDVA appointed within MASH.	• Training to be rolled out by QA service on DV tools March onwards. • New activities to be linked with DV strategy and plan.

2.6	To establish an effective Referral and Assessment Service	Service Manager Triage/ MASH	Aug 2015	Mar 2016	● To recruit 28 permanent staff in the Referrals and Assessment team.	● The recruitment will drive the establishment and implementation of 4 Duty Teams in line with the new service model.	● All staff in post by By March 2016
2.7	Establish effective working relationship with the Asylum Intake Team (AIT)	Service Manager Triage/ MASH	Mar 2015	On-going	● Fully Permanent workforce ● Manageable caseloads ● Staff development / training ● Regular recorded supervision/PADAS ● Multi Agency meetings with Heathrow consistent and development / training jointly undertaken and monitored by the LSCB ● Legal intervention now more robust and clear	● Delivering 100% of assessments within 45 days max with an average of 30 days per assessment ● PID meetings held weekly to ensure ongoing case management	UKBA and AIT to work in partnership with operations to safeguard children/YP vulnerable to FGM/ CSE/ trafficking/ Terrorism

Work stream 3: Improving social work practice within the CSWTs

	Action / Process					Improvement Targets and Outcomes	
Ref	Action	Lead	Start Date	End Date	Progress - Actions	Performance Measures and Milestones	Progress – Outcomes and Key Targets
3.1	Successful permanent recruitment to all social work and team manager posts Recruit family support workers, one to each social work team	AD Children's Social Care	July 2015 Dec 2015	Dec 2015	● Permanent managers and social workers to be appointed in the SW teams. ● New proposal	● Permanent recruitment ● Recruit support staff to assist with intensive social work intervention	● Stable workforce to achieve good outcomes for families. ● Families receive a targeted service and increase in direct work when children are subject to CP/CIN plans.
3.2	Average caseloads - 18 cases per qualified social worker	Service Manager CSWT	Jan 2015	On-going	● Benchmark for caseloads agreed in line with London Standards document: ● 18 for CP/CIN (CSWT) service ● Resourcing and planning will be in line with above and demand. ● 100% allocation of all statutory cases	● Weekly data set indicate that all Social Workers have an average caseload of 18 children.	● To ensure Social Workers are supported with manageable caseload and the work undertaken on the cases is undertaken in a timely manner with good outcomes for families. ● There is flexible use of agency staff across the service which is aligned with demand.
3.3	Improving the level of professional supervision and development of staff	Service Manager CSWT	April 2015	On-going	● Implement 1-2-1 supervision tracker ● All teams to have weekly POD supervision	● 90% staff to have 1-2-1 supervisions ● 100% POD supervision	● Monthly report on supervision indicates that staff are receiving 1-1 supervision in line with the Hillingdon supervision policy

							and that where this doesn't occur, clear explanations are given.
3.4	Improve the quality of social work assessments in the CSWT	Service Manager CSWT	April 2015	April 2016	• Recruitment of two practice development coordinators who have commenced work with individual practitioners who have been identified by managers as needing guidance. • Managers are trained to provide effective case management and reflective supervision and provide clear decision making. • Practice improvement emphasis to be on assessments and relaunch of chronologies.	100% compliance in team managers undertaking audits. Case audits show improvement in grading: • 35% by March 2015 • 50% by Sept 2015 • 80% by March 2016 • 100% supervision is delivered and recorded to staff • Supervision Audit and Staff surveys indicate high quality supervision is being delivered and staff report its benefit. • New management structure implemented by June 2015 • An assessment	• Social work assessments contain clear analysis and informed judgements on intervention models to be used with families • Assessments reflect the child's voice and social work engagement with the family and partner agencies • Improved throughput 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 Children's Pathway). • All Case records to contain up to date chronologies. This was implemented on 1st June 2015. Programme start date to be

						training programme to be commissioned from the QA service and rolled out to all social work practitioners.	confirmed. Social workers to receive training on 'what good looks like' in assessments. Assessments to reflect meaningful engagement with children and their families with required outcomes clearly identified.
3.5	All social work interventions are provided in a clearly defined and timely manner	Service Manager CSWT	April 2015	On-going	● Ensure that practitioners and partner agencies are clear about the availability of services that can offer support and assistance to children & families in the community.	● % families no longer receive a statutory service and not re-referred to statutory social work for 6 months. Step-up and Step-down data indicates: ● CIN cases average 6 month ● CP cases average 9 -12 months in length ● Pre-proceedings work is 12-14 weeks average ● An increase in Step down post assessment and intervention.	● Protocol outlining interface between Early Intervention Service and Children's Social Care is rolled out and targets agreed. ● Referrals received into children's services are appropriate for statutory intervention. ● Re-referral rates are reduced and in line with statistical neighbours. ● Staff , families and partners in feedback and surveys are clear about our involvement and there is an agreed plan which is outcome focussed and time-bound. ● Training on pre-proceedings work to be

						• %families no longer receive a statutory service and not re-referred to statutory social work for 6 months. • There is a reduction in complaints. • Review all practice standards and guidance • Practice mentors to support staff in delivering timely interventions	rolled out by Court Trackers and others in first quarter of 2015. Practice guidance has been updated and rolled out to all managers and staff Social workers are familiar with Tri-x
3.6	Defined response for all cases where Domestic Violence is the presenting risk factor	Service Manager CSWT	Dec 2015		Request for all staff to be trained on CAADA-DASH and Barnardo risk assessments tools	Assessments reflect that the impact of DV on children is identified and responded to with clear safety plans and signposting to programmes for children experiencing DV	Start date to be confirmed
3.7	Provide effective parenting assessment service	Service Manager CSWT	April 2015	April 2016	• Recruit to the vacant post and move the SWW (mental health) to add value to the service. • Improve the output of the current service by reducing	• Service to refresh protocol and offer. • An increase in parenting assessments being completed in -	• Once service is fully staffed targets for assessments to be rebased. (See separate detailed briefing on the proposal for this service)

					the completion timescales of assessments. ● Work with the service to introduce other assessments and interventions as part of service offer work. ● Service to support the improvement in quality of core assessments.	house for all pre-proceedings families unless a clinical/medical assessment is required. ● An increase in parenting assessments being completed within new timescale. ● An ongoing case consultation and training in assessments and pre-proceedings to be offered to Social Care staff.	● Parenting assessments to be completed within 6 weeks unless agreed with legal and SW teams.

Work stream 4: Improving outcomes for LAC & Young People

	Action / Process					Improvement Targets and Outcomes	
Ref	Action	Lead	Start Date	End Date	Progress - Actions	Performance Measures and Milestones	Progress – Outcomes and Key Targets
4.1	All LAC cases will be allocated to ensure that all statutory LAC requirements are met.	Service Manager LAC	April 2015	On-going	Statutory indicator set demonstrates improvement in statutory visiting and PLO time scales. Undertake recruitment to all vacancies. Undertake Interim recruitment to Social Work posts -Sept 2015 Undertake permanent recruitment of Social Worker . across Young People's Team dn CIC teams by Dec 2015. Undertake recruitment of permanent team manager posts to CIC and in service by July 2015.	All statutory posts are filled and caseloads are within the service average (14 for CIC teams) by Sept 2015. Weekly data set - 100% allocation LAC Balanced caseloads 100% of LAC visited within statutory timescales. Low numbers of children missing from care <5 Weekly management oversight of all LAC missing 80% permanent staff to agency ratio	Permanent recruitment successful with all Team Managers appointed. Permanent recruitment with all social workers. Agency workers to fill vacancies Regular Permanence management meetings implemented to track KPIs

4.2	Average caseloads remain within 14 -16 cases per qualified social worker (AYSE 12)	Service Manager LAC	April 2015	On-going	To ensure Social Workers are supported with manageable caseload and the work undertaken on the cases is undertaken in a timely manner. March 2015 = average caseload of 14 children Implement supervision tracker to ensure a minimum of 3 cases are discussed at POD supervision	Weekly data set: Average caseload for Children in Care Teams = 14 90% regular 1-2-1's Supervision for all staff 100% POD supervision for all teams Implement supervision tracker across all teams-July 2015	Average caseload maintained between 14 to 16 children per worker Clear robust decision making on all case files. Reflective practice and encourage learning good practice and development between Social Workers. Build skill base within the team.
4.3	All LAC children over the age of 16 years old will have a Personal Advisor allocated	Service Manager LAC & Manager Children & Young People Service	April 2015	Dec 2015	Personal Advisor will be allocated to all LAC YP over the age of 16 years old. All eligible care leavers will have an effective Pathway Plan March 2015 = 85% care leavers have a Pathway Plan	Data Monitoring- Weekly Data Monitoring 100% allocation = all 16 plus open cases 100% pathway plans = All eligible care leavers	To improve the outcomes for young people leaving care.
4.4	Evidence of child or young person participation in their care planning for LAC and care leavers	Service Manager LAC	April 2015	On-going	Arrange care leavers conference by June 2015 Develop and implement information leaflets for LAC and participation feedback forms	Feedback forms and information leaflets to young people about service- Number of LAC who require an advocate	60% return rate for feedback forms- Evidence of improved LAC and Leaving Care YP engagement. Staff attend training delivered to ensure good outcomes for

| | | | | | Develop and implement participation feedback forms

All LAC children should be offered an advocate to ensure they have representation independent to Social Work - see participation

Staff training is planned to ensure services to LAC improve and support children to achieve their aspirations.

All Social workers to ensure that the child's voice is reflected in the Care/Pathway plan by detailed recordings | and receive an advocate should be 100%

Corporate manager data:

Milestones for audited cases:
● March 15 - 35%
● Sept 15 - 50%
● March 16 - 80%

Thematic audit demonstrates 80% of cases where the child's voice is reflected in practice | children.

90% attend PLO/CSE Training |
|---|---|---|---|---|---|---|---|
| 4.5 | Effective management oversight is in place leading to better and more timely decision-making | Service Manager LAC | April 2015 | July 2015 | Implement new Practice Manager structure by Sept 2015

There is full compliance with the case auditing framework.

The Public Law Outline (PLO) has been successfully implemented resulting in a reduction from application to final order. | 1-2-1 supervision tracker

Implement fortnightly performance management clinics

Court outcomes and LAC reviews:

The average of PLO cases to be concluded | To ensure all care plans are robust to demonstrate good outcomes for LAC children

Recruitment of permanent team managers

Average PLO cases is 26 weeks

100% LAC reviews within timescales |

						= 26 weeks		100% audit of cases
						100% of LAC reviews completed within timescale		
						Milestones for audited cases: ● March 15 - 35% ● Sept 15 - 50% ● March 16 - 80%		
4.6	Health placement outputs demonstrate good outcomes for LAC	Service Manager LAC	Jan 2015	Dec 2015	Regular monitoring meeting in place to work with designated Health professionals to track and monitor health assessments.	Updates from Data and weekly Performance meetings.		90% completion of LAC health assessments within timescale, escalate to SM's and respond within 24 hours. Workshops for mental and VH teams
4.7	Education placement outputs demonstrate good outcomes for LAC	Head of Virtual School	Jan 2015	Dec 2015	Regular meetings have been established to develop strong working relationships between the CiC teams and the virtual school. Work underway to implement effective PEPs and school attendance monitoring. *Residual actions from Ofsted Improvement Plan:* Decision made to develop tracking and monitoring	Updates from Data and weekly Performance meetings. Ensure all children who are LAC and not meeting their milestones have an effective plan in place through the PEP, to ensure progression.		100% PEPs in place for all LAC between the ages of 3 years old, up to 18 years of age.

					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 April, 2015. *Residual actions from Ofsted Improvement Plan:* Amendments to be made to ePEP so that Action Plans agreed can be SMART by 13th April 2015. *Residual actions from Ofsted Improvement Plan:* Model of operation to target PPP resources not implemented. 2014-2015 PPP being devolved to school in March 2015, some have been used on commissioning 1:1 tuition, Book Trust to increase literacy and incentives to encourage LAC.		
4.8	Improve monitoring and timeliness of permanent placement provision for LAC	Service Manager - LAC	April 2015	July 2015	Review of the role of the Court Progression Officer to ensure all court proceedings are tracked and monitored to deliver 26 week time scale. Introduction of Permanency Tracking and Monitoring of all Child Placement reports (Permanency Plans)	The average of PLO cases to be concluded = 26 weeks. Percentage of children waiting for family finding 9 months of entry into care = <30% Percentage of children	26 weeks achieved in court-monthly meetings

					Review all Section 20 voluntary accommodation with a view to improving permanent outcomes and review all placement orders with a view to rescinding to facilitate permanency	waiting for family finding 12 months of entry into care = <10% All Section 20 by March 2016, 100% over a year	

Work stream 5: Improving the quality of Fostering & Adoption Provision

	Action / Process					Improvement Targets and Outcomes	
Ref	Action	Lead	Start Date	End Date	Progress - Actions	Performance Measures and Milestones	Progress – Outcomes and Key Targets
5.1	Pilot new service model to ensure allocation and completion of all outstanding and new assessments coming into the service	Service Manager Children's Resources	Jan 15	July 15	- Implement a managed service with Coram and HCL - Allocate 29 outstanding assessments - Implement HCL staffing cohort to prototype service model - Implement regular performance management systems for adoption and fostering	100% of outstanding assessments presented to Adoption and Fostering Panel for approval within 6 months Coram project - New assessments are presented to Adoption and Fostering Panel in line with statutory guidelines - ICS/Performance Intelligence Team monthly data for approval of carers in line with statutory requirements - Scrutiny of monthly data by Perf subgroup	- Coram managed service successfully implemented 100% of cases allocated - HCL prototype implemented and service model being incorporated into the Children's Pathway - Monthly data performance meetings are embedded in manager's role - Adoption ICS module is live and will be able to provide data and analysis of service provision

| 5.2 | Implement new service structure to deliver and maintain the improvements expected from the initial project, to plan for demand at key points within the Fostering and Adoption service and implement a 'best value' placement service for the LAC model | Service Manager Children's Resources | Feb 15 | March 2016 | • Develop Sufficiency Strategy to inform the Service Improvement Plan by June 2015
• Team structure and throughput evaluated against other projects and operating models for future service delivery
• Analysis of past and predicted numbers entering the service area
• Develop service pathway, staffing structure, staffing ratio and associated cost to meet demand by May 2015
• Submit Business Plan to SMT and Leader by early June 2015 | • Quality Assurance framework provides evidence of good quality social work practice on all assessments
• Improved permanent placement outcomes for LAC in Hillingdon
• Improvement in the performance as measured by the national adoption scorecard
• Increase number of good quality LB Hillingdon foster placements available
• LAC are placed with long term foster placement within 1 year of the placement order being made
• Increase numbers | Business case completed and presented to SMT and Leader

Recruitment of team managers - three successful appointments

Agency staff used to cover vacancent post

Plan for social work recruitment across Children's Services

Weekly Permanency Monitoring Meeting embedded in practice and provides robust challenge and oversight of permanency outcomes |

					of LAC placed within 20 mile radius of LBH ● ICS/Performance Intelligence Team monthly data for approval of carers in line with statutory requirements ● Scrutiny of monthly data by Performance subgroup ● Sufficiency Strategy to Corporate Parenting Board by July 2015 ● Service pathway and staffing structure to key stakeholders and staff ● recruitment of permanent staff by Oct 2015	
5.3	Improve performance management by implementing strong management oversight and	Service Manager Children's Resources	Feb 15	Mar 16	● Regular performance review of key service indicators o % of children who cease to	● Agree dataset by June 2015 ● ICS/Performance	Data set agreed ICS adoption module

evidence of improved permanency outcomes for LAC in Hillingdon				be LAC after who were adopted o Average between child entering care and moving in with its adoptive family o % of children who wait less than 18 months between entering into care and moving in with adoptive family o % of children who ceased to be LAC because Special Guardianship o Average time between receiving a court order and matching ● Increase in the number of children being placed with an adoptive family within one year of the placement order being granted ● Increase in the number of children being placed in long term fostering placement within one year of the care order being granted ● 100% of cases are referred for family finding by 2nd LAC review ● 100% of adoption child's case	Intelligence Team monthly data for approval of carers in line with statutory requirements ● Scrutiny of monthly data by Performance subgroup by July 2015	implemented Monthly performance data meetings embedded in practice Reduction in average days from the child being LAC to long term permanency decision being made

					records to be recorded on the ICS module ● Overview and scrutiny of on going performance embedded in management function ● Agreed monthly PI data to be collated and reported ● Progression of ICS / Performance Intelligence Team data reports		
5.4	Improve the management and coordination of the Adoption & Fostering Panel	Service Manager Children's Resources & Panel Advisor	Mar 15	Dec 15	● Delivery of ongoing training and advice of ongoing service ● Recruitment of interim Panel Advisor ● Review of admin coordination and support of the process ● Joint work with Adoption and Fostering Panel Chair to oversee and scrutinise quality of work presented ● Joint work between the Panel Advisor and the Court Tracker to oversee timely case progression	● Quality Assurance in place for all cases and paperwork presented to Adoption and Fostering Panel ● Feedback forms completed by Adoption and Fostering Panel after each panel ● Implement timely decisions from the Panel	Panel training successfully delivered Panel process and functioning coordinated and streamlined Electronic system implemented to circulate paperwork and improve communication with panel members Panel minutes are completed and signed by ADM within 2 weeks of panel Tracking of panel cases to inform panel quarterly

						reports developed
						Successful Improvements in partnership working with panel members and the service
						Panel requirements and expectations delivered to team meetings
						Children's Service training programme developed
						Q&A feedback sheet for SW reports prior to going to panel implemented
						ADM decision making process streamlined timely
5.5	Improve the function and process of family finding within the service	Service Manager Children's Resources	Mar 15	Dec emb er 15	● Implement managed service prototype by Jan 2015 ● Recruitment to permanent staffing structure by Oct 15 ● Proposal of new team structure, staffing ratio and associated cost to meet	● Prototype service completed and evaluated by July 2015 ● Team fully recruited to by October 2015	See Adoption Score

						demand ● Review of the family finding process and permanency planning meeting ● 100% of LAC referred to the family finding team by the 2nd LAC review	● Regular performance review of key service indicators o % of children who cease to be LAC after who were adopted o Average between child entering care and moving in with its adoptive family o % of children who wait less than 18 months between entering into care and moving in with adoptive family o % of children who ceased to be LAC because Special Guardianship o Average time	

					between receiving a court to place and deciding on a match to an adoptive family o Average time between receiving a court to place and deciding on a long term fostering placement ● Scrutiny of monthly data by Performance subgroup	
5.6	Development of LBH foster carers to meet the diverse needs and challenges of LAC	Service Manager Children's Resources	Star of new team structure	6 mont hs from start	● Implement Sufficiency Strategy priorities including: o increase the number of in-house foster carers o improve timeliness of permanent outcomes o manage external market for fostering and residential Re-tiering exercise for WLA Framework focusing on recruitment, availability and quality of local carers	● Recruitment and retention of foster carers for older LAC/LAC with complex needs ● 110 in-house foster placements ● Reduce ratio of IFA's (45%) to in-house (55%) ● Improve	Sufficiency Strategy presented to Corporate Parenting Board Permanency Monitoring Meeting embedded in practice Re-tiering exercise for WLA completed

| | | | | | Half-yearly IFA provider forums are to be used to maintain and develop the framework

● Team structure and throughput evaluated against other projects and operating models for future service delivery
● Analysis of past and predicted numbers entering the service area
● Proposal of new team structure, staffing ratio and associated cost to meet demand
● Develop and implement permanency monitoring meeting by May 2015 | placement stability for children placed in long term fostering placements
● Reduce the number of placement breakdowns for children placed in long term fostering placements
o Reduction in the number of children placed in residential placements
o Reduction in the number of children and young people placed outside of 20 miles of LBH | Business case for new structure completed and presented to SMT and Leader
Recruitment of team managers - three successful appointments

Agency staff used to cover vacant post |

Work stream 6: Embedding new ways of working and improved practice management arrangements

	Action / Process					Improvement Targets and Outcomes	
Ref	Action	Lead Asst Director Children's Social Care	Start Date	End Date	Progress - Actions	Performance Measures and Milestones	Progress – Outcomes and Key Targets
6.1	Support better outcomes by aligning the staffing model with expected demand	AD Children's Social Care	April 2015	Sep 2015	Work completed on the the expected demand across the children's pathway. Extra demand is being met by the implementation of a 'managed service' for the provision of assessment teams. Regular weekly management monitoring arrangements are in place and resulting in service improvements.	Monitor effectiveness of the 'managed service' model. Baseline ● Rate of assessments per 10,0010,000 of the CYP population ● Rate of section 47 enquiries per 110,000 of the CYP population ● % of referrals leading to the provision of a social care service (as defined by the child becoming a child in need) ● 100% allocation of all statutory cases ● 100% meet all	

						statutory performance measures for LAC, CP and CiN cases	
6.2	Support best practice by ensuring caseloads are stable and balanced	AD Children's Social Care	April 2015	On-goin g	Increased capacity added through 'managed service' models and sustained interim staffing. Practice improvements have led to closure of all backlog work and cases ope without a plan for more than 6 weeks. Caseloads are currently within the target average range (17) and monitored as part of weekly performance management of the service.	Average caseload for qualified social workers = 18 Newly qualified social workers = 12	
6.3	Ensure good management oversight and support of practice by implementing a flatter team management structure	AD Children's Social Care	May 2015	June 2015	To deliver clearer accountability by expanding the number of team managers with small (maximum 6) teams of social workers. Business case completed and submitted to the Leader end March 2015.	Measurement of management oversight through supervision and audit activity. 100% of qualified social workers to receive supervisions on a monthly basis. Percentage of work	

						judged good or better - 35% by the end of March 2015 - 50% by the end of September 2015	
6.4	Invest in expert advanced practitioner roles in line with the Munro principle to build practice capability at the point of delivery	AD Children's Social Care	May 2015	Mar 2016	Introduce new advanced practitioner role to children's social work teams structure. This forms part of the overall business case submitted to the leader end March 2015	Improved social work practice. 100% of qualified social workers to receive supervisions on a monthly basis. Percentage of work judged good or better - 35% by the end of March 2015 - 50% by the end of September 2015	
6.5	Invest in staff professional development and clearer alignment with service requirements	AD Children's Safeguarding	April 2015	April 2016	Implement Service Training and Development Plan. Actions underway to ensure all staff have individual training plans (IDP) appropriate for the requirements of their roles and responsibilities within the service.	100% qualified social workers have IDPs appropriate to the requirements of their job. 100% of qualified social workers have completed their PADA	
6.6	All changes to be made with transparency,	AD Children's Social Care	April 2015	On-going	There are regular whole service communication events held to outline key changes and	Quarterly whole service events held	

| consultation and care through regular communication with staff and managers | & AD Children's Safeguarding | | | planning within the service.

All Service Managers hold regular meetings with all staff in their service to explain in detail changes and improvement action.

All staff encouraged to participate in staff survey. | Regular attendance of staff at Service Management meetings

50% response rate to all staff survey from Children's Services | |

Work stream 7: Effective Quality Assurance

	Action / Process					Improvement Targets and Outcomes	
Ref	Action	Lead	Start Date	End Date	Progress - Actions	Performance Measures and Milestones	Progress – Outcomes and Key Targets
7.1	Implementation of new Quality Assurance Framework and Audit Programme to embed 'good' standards of practice	AD Children's Safeguarding	Apr 2015	Sep 2015	Quality Assurance Framework signed off and launched 1 April 2015 Audit Programme for 2015/2016 launched 1 April 2015.	Percentage of work judged good or better - 35% by the end of March 2015 - 50% by the end of September 2015 - 80% March 2016 Monthly Quality Assurance findings will drive improvement across the service developing clear action plans.	'Good' standard of practice evidenced and sustained across the service.
7.2	Launch new Practice Standards	AD Children's Safeguarding	Apr 2015 On-going	June 2015	New Practice Standards for: ● Referral and Assessment ● Child Protection Plans ● Visits to Children ● Care Planning signed off and launched by 15 April 2015. Ongoing programme of Bite size training and workshops on new	Percentage of work judged good or better - 35% by the end of March 2015 - 50% by the end of September 2015 - 80% March 2016	'Good' standard of practice evidenced and sustained across the service.

				On-going	Practice Standards commencing mid April 2015 delivered by Practice Mentor Audit programme to review implementation of new practice standards through performance in casework.		
7.3	Launch new Audit Programme	AD Children's Safeguarding	Apr 2015	Oct 2015	All managers to complete single agency audits using the electronic case file audit tool. Electronic audit tool will provide data on specific areas on a monthly basis to track performance including assessments, chronologies, management oversight/decision making, supervision and the voice of the child. Bi-monthly thematic audits completed using bespoke audit methodology and electronic audit tool. *Residual actions from Ofsted Improvement Plan:* ● Milestones for audited assessments achieving	From April 2015 100% compliance for completion of case file audits From May 2015 100% case file audits completed using electronic audit tool By April 2016 100% of themes audits are completed as programmed Monitored at monthly Quality Assurance meetings	An approach that will support practice managers to embed scrutiny and practice learning from audit into daily supervision and management in a rigorous way.

					'good' standards set at 90% Sept 2014 and 100% March 2015. Milestones revised as of April 2015: ○ March 15 - 35% ○ Sept 15 - 50% ○ March 16 - 80 ● Milestones for plans audited which were SMART and evidenced risk management ('graded 'good') set at 60% Oct 14, 75% March 15 and 100% Sept 15. Milestones revised March 2015 ● Thematic audit of SMART plans scheduled for October 2014 was not completed and will be picked up in the electronic audit form every month ● Thematic supervision audit scheduled for September 2014 completed in March 2015 with ongoing audit of supervision every month (electronic audit form) and through supervision survey		

					(Sep 2015)		
7.4	Ensure a robust Reviewing Service that quality assures consistently promoting good practice and challenging practice areas that require improvements	AD Children's Safeguarding	Apr 2015	Sep 2015	Implement Dispute Resolution Process with appropriate outcomes achieved in relevant timescales Implement midpoint reviews for care plans.	Dispute Resolution Tracker reviews at monthly quality assurance meetings 100% Looked After Children will have a mid-point review by Sep 2015.	Improved outcomes for Looked After Children.
7.5	Launch CSE strategy and Missing Person and Runaway Protocol	AD Children's Safeguarding	Jan 2015	Sep 2015	Launch CSE strategy and Missing Person and Runaway Protocol April 2015.	Development of CSE data in order to measure the level of concerns in line with national and local trends 100% of CSE cases tracked and all have effective risk assessment and plans recorded by Sep 2015.	A CSE strategy that will enable all professionals to develop confidence and practice when identifying and responding to CSE concerns.
7.6	Collation and analysis of Quality Assurance systems across the service, incorporating improvements achieved through good practice and learning to inform future planning and promote	AD Children's Safeguarding	Sep 2015	Oct 2015	Structured Review of performance (six monthly) - making the link with Team Practice and Service Improvement.	All teams with the support of the Quality Assurance Team will run a structured review of quality assurance feedback and data every six months.	A robust process in place for turning strategic quality assurance activity into reflection, planned action, better practice and improved outcomes for children.

	improvement						
7.7	Through child's journey it is evident that their views are considered in all aspects of decision making	AD Children's Safeguarding	Jan 2015	Mar 2016	Consultation for CP and LAC are taking place, MyReview is the new model (replacing ViewPoint) which will be introduced for LAC by Aug 2015 and for CP by early 2016 Track children and young people's participation in LAC Reviews and Child Protection Conferences. *Residual actions from Ofsted Improvement Plan:* ● Milestones for plans evidencing the voice of the child as 'good' set at 80% Sept 14, 90% Dec 14 and 100% March 15. Milestones revised	MyReview will see increased response to completing and evidencing child's views Audit of care plans and Child Protection Plans evidence the child's voice in decision making (Sep 2015). Milestones: 100% Mar 2016	To ensure all plans and social work interventions consider the child's voice and include their views in decision making.