











IMPROVEMENT JOURNEY

IMPROVING PERFORMANCE ACROSS CHILDREN'S SERVICES




| YOU SAID: Inspection June 2014 | Achieved | WE'VE DONE: Progress delivered / embedded | Future plans | Timescale |
|--|---------------------------------|---|--|--|
| 1. Early Help <ul style="list-style-type: none"> Local authority and partners coordinate and target early help effectively | ✓ | Delivered <ul style="list-style-type: none"> Established Early help panels in June 2015. More children are receiving the right service at the appropriate time. Annual report complete. Clear recommendations and timescales | Continue to focus <ul style="list-style-type: none"> Family Services review | March 2017 (embedded March 2018) |
| 2. First Response <ul style="list-style-type: none"> All unallocated cases closed without child's needs being assessed All partners understand and agree on the multi-agency thresholds document Qualified staff undertake assessments, focus on the needs and wishes of the child Information about children and families is shared and recorded in line with legislation Children visited regularly, seen alone by their social workers and build and maintain positive relationships. Case records contain an accurate account of the child's experiences, an analysis of their cultural, religious and diversity needs and detailed reasons for key decisions. Child protection strategy meetings, discussions and conferences consider the views of all relevant agencies and professionals | ✓ ✓ ✓ ✓ ✓ ✓ ✓ | Delivered <ul style="list-style-type: none"> All children allocated. Cases closed with management oversight Threshold documents relaunched through BSCB (Aug 2015). Audits evidence all agencies understand threshold document well No unqualified staff. Audits confirm child's voice is visible Increased staffing capacity at the front door and SWAN from 8 to 40 staff, including managers to ensure that there is sufficient capacity and effective management oversight. Social Care Practice Standards launched (2015) and revised (July 2016), this is a foundation for ensuring legislation complied with. Audits and Ofsted monitoring demonstrate children are being seen alone Significant improvements to LCS. LCS single system for recording a child's journey, appropriate sharing with partners Missing Persons functionality implemented early August 2016 Workshops on getting to good (throughout 2015) Comprehensive training programme (started 2015 – ongoing) ensures staff record child's journey accurately. Average time to find documents reduced Diversity training and exception reporting on demographic (April 2016) no management sign off unless demographics have been considered (June 2016). New strengthen families model of child protection conference (April 2016) encourages engagement from family and agencies. | Continue to focus <ul style="list-style-type: none"> Ongoing auditing of compliance to practice standards Monitoring KPI's and challenging performance Reviewing pathway for MASH M-SERAC considering all children going missing Innovation bid for specialist missing service | Ongoing monthly Monthly performance meetings October 2016 Monthly meetings End Sept 2016 |
| 3. Children in Need <ul style="list-style-type: none"> Core groups review progress / escalation processes. All plans focus upon assessed needs, with timescales Timely stat visits and record they are spoken to alone. Managers' decisions clearly recorded with risk | ✓ | Delivered <ul style="list-style-type: none"> All children allocated a qualified social worker Audits demonstrate greater participation and action in core groups Audits demonstrate significant progress All children seen within appropriate timescales, standard practice are now seen alone. Audits and performance system demonstrate progress in this. Management decisions recorded with risks | Continue to focus <ul style="list-style-type: none"> CIN redesign – consultation starts 9th September Ongoing auditing Challenge performance | Embed March 2017 Ongoing monthly Monthly performance meetings |

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| | | assessments | | |
| 4. Children in Care <ul style="list-style-type: none"> Reports presented at reviews include an updated assessment and analysis of the child's progress Children's records are accurate and up to date Sufficient Independent Reviewing Officer capacity Quality information about individual children and prospective adopters in adoption assessments Care leavers have pathway plan. Timeliness of Initial Health Assessments for LAC looked who live outside of Buckinghamshire. Review of foster carers annually Close the educational attainment gap Increase awareness of the 'staying-put' arrangements Opportunities for care leavers to take up work experience, apprenticeships and work-based learning. Raise proportion of LAC and care leavers in education, employment or training and close the gap Raise awareness of private fostering |   | Delivered <ul style="list-style-type: none"> Audits demonstrate review process now working well and quality assurance framework being launched and reflected upon. Increased capacity of IRO's to 7.5 from 5 Formed challenge partnership with Coram, reviewed all pathways for adopters and children, permanence tracking process now in place. <ul style="list-style-type: none"> Care leavers have up to date pathway plan All Foster carers are now reviewed annually Some improvement on Health assessments especially children near Bucks, good working arrangements with health to address this 17 children in FE, one achieved a Master's Degree Care leavers doing apprenticeships and offered permanent contract 26% have 5 good A- C GCSE's nationally average is 14% Young people staying put has increased from 15 (April 2015) to 26 (August 2016) which means young people are more supported into education and work opportunities Undertaking more assessment of private, have completed several campaigns. Audits highlight IRO footprint now evidenced on the child's file and they are fulfilling regulatory requirements to visit children between reviews to glean their wishes and feelings and challenge any drift and delay | Continue to focus Continue the improvement in Health assessments outside Bucks Challenge partner to increase capacity and commercial acumen of fostering service | March 2017 Challenge partner appointed (Sept 16) Embed March 2017 |
| 5. LADO <ul style="list-style-type: none"> Allegations of abuse, mistreatment or poor practice by professionals are dealt with promptly and recorded accurately. |  | Delivered <ul style="list-style-type: none"> New allegation management system implemented (2015), | Continue to focus Reviewing capacity of LADO | Oct 2016 |
| 6. Enablers <ul style="list-style-type: none"> Improve the electronic recording system |  | Embedded | | |
| 7. Quality <ul style="list-style-type: none"> Embed new performance management framework |  | Embedded | | |
| 8. Sufficiency <ul style="list-style-type: none"> Referrals - Sufficient capacity to undertake the work effectively and that children are assessed swiftly, so that their safety is secured. Sufficient foster carers and children's home placement meet the needs and only placed out of area only when part of their care plan. |  | Delivered Significant investment in first response and MASH (8 sw's to 40 sw's), developed Swan unit, assessments completed on time LAC strategy agreed (Sept 2016) and campaign to recruit further foster carers in hand. Improvement partner selected for foster carer and we are planning to attend residential capacity, establish procurement arrangement with Oxford for residential assessment placements. | Continue to focus Out of county placements still too high, plans underway to reduce dependency. Exploring developing further capacity in in-house residential | Dec 2017 |
| 9. Voice of the child <ul style="list-style-type: none"> Strengthen the representation of care leavers in the Children in Care Council (We Do Care). Ensure |  | Delivered <ul style="list-style-type: none"> Audits highlight tools are being used to hear the voice of the child | Continue to focus <ul style="list-style-type: none"> Reinforce the use of tools | Dates? |

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| <p>influential in revising the Care Leavers' Pledge.</p> | | <p>and to influence decision making (audits)</p> <ul style="list-style-type: none"> Improved evidence of the voice of the child's wishes and feelings being recorded(audits) Continue to support children in care council, corporate parenting panel engages regularly with CIC council. Have improved care leaver reps however university means high turnover. Annual award ceremony | <p>with Social Workers</p> <ul style="list-style-type: none"> Management oversight to ensure appropriate tools continue to be used | |
| <p>10. Governance</p> <ul style="list-style-type: none"> Local authority as a whole takes responsibility for and prioritises the improvements needed Review governance arrangements between the Partnership Board, the Buckinghamshire Safeguarding Children Board and the Health and Well-being Board |  | <p>Embedded</p> <ul style="list-style-type: none"> Significant investment corporately, overspends 'written off' whilst improvements embed, support from other units i.e. IT, strategy. More Select Committee reviews / focus supporting improvements Member briefings well attended Governance arrange completed March 2015 presented through BSCB | | |
| <p>11. Workforce</p> <ul style="list-style-type: none"> Ensure that there are enough suitably qualified and skilled social workers and first-line managers to provide services that are safe, responsive and effective. Ensure sufficient Independent Reviewing Officer capacity exists for them to undertake their statutory responsibilities, including monitoring children's care plans and visiting children between statutory reviews. |   | <p>Delivered</p> <ul style="list-style-type: none"> Competitive recruitment and retention package to recruit hard to fill social work posts (37% - reduce to 25%) Memorandum of cooperation agreed with south east region – managing the market for agency workers. Turnover of staff has reduced across CSCL Business Unit has decreased from 17% (Aug 15) to 16.5% (Aug 16) sickness levels stands at 8.58 days in July 16 ASYE program established to ensure newly qualified social workers are given the knowledge and skill Exit interview regularly completed and analysed | <p>Continue to focus</p> <ul style="list-style-type: none"> Develop talent management and succession planning to ensure key staff are identified and supported Viewpoint staff survey results analysed and management team action plans complete | <p>March 2017</p> <p>November 2017</p> |

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| YOU SAID: Monitoring visit actions (Aug 2016) | Achieved | WE'VE DONE: Progress delivered / embedded | Future plans | Timescale |
|--|---|--|--|--------------------------------|
| Quality of Children in Need and CP plans |  | Delivered <ul style="list-style-type: none"> Practice standards refreshed (July 2016) Specific training with child protection chairs Auditing of CP plans Heads of service observing cp conferences Exemplars of smart plans (CP and CIN) Increased capacity of cp chairs Programme work workshops | Review of CIN plan template | End of Sep 16 |
| Direct work by social workers – using appropriate tools |  | Delivered <ul style="list-style-type: none"> Access to suite of appropriate tools for a range of ages and abilities Implemented MOMO, completed analysis of first 100 LAC review of implementation Purchase (books / games etc) and allowed access ability for social workers Iphone 6 plus for all social workers and uploaded appropriate apps for engagement for children | Piloting MOMO for children with disabilities Child's roundabout with accessible guidance for children | Oct 2016 End of Sept 16 |
| Delay in progressing some referrals |  | Delivered <ul style="list-style-type: none"> Increased management capacity in contact and MASH Relaunched thresholds document (august 2016), survey last week revealed 90% partners understood document used regularly and displayed visually in offices. Education task group established with aid memoir about expectations on schools / social workers – escalation process in place any referrals where response hasn't been received. Joint audits been completed with GP safeguarding lead and acute trust safeguarding lead and probation. | Deep dive analysis on 'cause' | Oct 2016 |
| Process for responding to children going missing receiving timely return home | | Delivered <ul style="list-style-type: none"> Recommissioned following tender exercise – changed expectations of provider service to visit child within 72 hours | Audit compliance with the new standards | Nov 2016 |

| interview | | | | |
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| Quality of work with private fostering remains too variable | ✓ ✓ | Delivered <ul style="list-style-type: none"> • Increased awareness of private fostering which greatly increased referrals • All new referrals have been assessed • Implemented new pathway for private fostering | Improve recording on child's file and ensure we cross reference child and carer Ensure process in place to reassess and review Auditing compliance | Oct 2016 Oct 2016 Ongoing |
| Capacity to manage allegations against professionals working with children | ✓ | Delivered <ul style="list-style-type: none"> • Responded appropriately to all referrals • LADO processes have been completed on all existing referrals • Implemented electronic recording | Improve effectiveness of closing down referrals when work completed Revisit type of referrals coming through to LADO | Nov 2016 Nov 2016 |
| Clarity on purpose of visits for children | ✓ | Delivered <ul style="list-style-type: none"> • Relaunched practice standards • Delivered exception report to identify children's visits going out of timescales • Exemplar of good visit • Auditing at key transition points for children to ensure compliance • Auditing children's journeys regularly | Monitoring to ensure quality is consistently good Induction / onboarding for all staff around expectations | July 2016 Start September |
| Turnover of front line managers in CIN | ✓ ✓ | Delivered <ul style="list-style-type: none"> • Following significant performance management of staff to ensure high standards there has been a degree of turnover linked to poor performance • Launched consultation of CIN redesign (September 2016) • Management development programme to engage and retain staff | Ongoing performance management CIN redesign as above | March 2017 full implementation |
| Consistent quality of assessments | ✓ ✓ ✓ ✓ ✓ | Delivered <ul style="list-style-type: none"> • Practice standards relaunched • Front door assessments are routinely of a good standard • Exemplars of good assessments given to staff • Reviewed LCS pathway to assist in completion • "Historical factors, parenting capacity and analysis of risk and strengths no evident" visit 2016 | Further work ensures good practice across all teams (parts of the service) Auditing compliance | Ongoing Ongoing |