BUCKINGHAMSHIRE COUNTY COUNCIL - CHILDREN'S SERVICES
OFSTED IMPROVEMENT PLAN (PHASE 2)
NOVEMBER 2018

Introduction

The Ofsted re-inspection of Children's Services for children in need of help and protection, children looked after and care leavers took place on 6th November to 30th November 2017. The re-inspection report was published on 29th January 2018 and judged the overall service to be inadequate, with the Care Leaving Service requiring improvement to be good and the Adoption Service judged to be good.

Progress since the previous Ofsted inspection in 2014 was found to be inconsistent, too slow and failed to achieve the wholesale service improvements required for vulnerable children. The re-inspection found widespread and serious weaknesses in some services to safeguard children as well as some critical weaknesses in services to children looked after.

We accept these findings and are committed to improving services for our children and young people. There is much to do and we anticipate that this is likely to be at least a three year improvement journey. Phase 2 of our improvement plan builds on Phase 1 which was put in place immediately following the Ofsted re-inspection. The Phase 1 improvement plan has been progressed and closed down with outstanding actions rolled over into the Phase 2 improvement plan.

The Phase 2 improvement plan continues to embed performance compliance and further develops practice and quality standards. The improvement plan outlines the actions that we will take to address the ten Ofsted recommendations. The service has developed further actions in response to additional areas it has identified in recent months. It also incorporates the Commissioner's report and the Secretary of State's statutory direction, including the Improvement Adviser role provided by Hampshire County Council.

The actions that are taken and the progress that is made to improve outcomes for children, young people and their families will be monitored and reviewed by the Children's Improvement Board which is chaired by the Children's Improvement Adviser.

The anticipated timescales for completion of actions will be reviewed regularly given the outcome of the Development Centre for first line managers. The successful implementation of this plan relies on effective and competent first line managers as this tier is critical to achieving and maintaining good standards of social work practice. SMT will provide support and guidance to managers to improve outcomes for children and young people. It is acknowledged that in order to embed and sustain change, staff will require the right balance of performance management and support. Currently, it is too early to demonstrate the impact of initial progress against actions on improving outcomes. In addition, the plan will be under regular review to ensure that actions are further expanded where it is necessary.

Ofsted Recommendations

The 10 recommendations for improvement made by Ofsted are:

1. Take immediate action to improve the quality of management oversight and decision-making at all levels to make sure that children's plans are properly progressed. Ensure that management interventions, including escalations and alerts by child protection chairs and independent reviewing officers, are clearly recorded on children's files and that these actions are followed through.
2. Ensure that appropriate support is in place to meet the needs of children when child protection plans end and also when children return home from care.
3. Improve the quality of assessment and planning to ensure that risk is identified and responded to promptly, especially when risks escalate. Ensure that assessments and plans identify the unique needs and experience of each individual child, particularly when they are part of a large family of brothers and sisters.
4. Ensure that care plans for children reflect their diverse needs and individual identities, and are realistic about achieving change.
5. Ensure that all written records are clear and up to date, and accurately identify the circumstances of children and their families.
6. Take immediate action to ensure that monitoring and visiting arrangements to all children looked after in placements with parents are sufficiently robust to ensure their safety and progress until these arrangements are formally resolved.
7. Review the procedures for accommodating and supporting unaccompanied asylum-seeking children, including those who arrive outside office opening hours, to ensure that their immediate needs and vulnerabilities are appropriately assessed.
8. Ensure that all care leavers have full information about their health histories and what they can expect during their time in care and on leaving care, including information about advocacy and complaints.
9. Apply an appropriate audit tool to ensure that qualitative analysis, alongside quantitative compliance auditing, measures effectively the improvements, impact and outcomes for children.
10. Ensure that all staff receive appropriate training, including mandatory training, in order to improve their key skills and to keep them up to date in their knowledge and practice.

RAG Key

The RAG rating set out in the plan specifically monitors the delivery of each action.

RAG ratings are defined as follows:

▉	Action completed
▉	On track to be completed within timescale
▉	In progress, however, too early to demonstrate impact
▉	Not on track as required and / or 'at risk' in some way
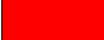
Ofsted recommendation 1:

Take immediate action to improve the quality of management oversight and decision-making at all levels to make sure that children's plans are properly progressed. Ensure that management interventions, including escalations and alerts by child protection chairs and independent reviewing officers, are clearly recorded on children's files and that these actions are followed through.

ID	Action	Lead	Timescale	Progress	RAG
1.1	Ensure monthly oversight of both KPIs and quality of work using team scorecards. Hold individual teams and managers to account and where necessary, take appropriate action to address poor performance, including consideration of the workforce development and training needs of individuals and staff groups.	Richard Nash (Service Director Children's Social Care) and SMT	**December 2018:** Scorecard introduced. **March 2019:** Impact at a team level evident. **September 2019:** Evidence of its use leading to improved outcomes across the service.	• Team scorecards introduced in November 2018. • It is recognised that significant staff changes have had a negative impact on KPIs in the short term, although we are starting to see an improve trajectory. • Feedback from HoS and TMs (TMs) is positive and there is a commitment to fully utilise team scorecards to manage and improve outcomes. • Scorecards have been reviewed by Hampshire County Council and by SMT and are continually refined. There is evidence of impact on outcomes at a team level, for example, improved performance and lower caseloads within the assessment teams. Scorecards are proving to be valuable tools that are continually reviewed by SMT to ensure maximum impact. March 2019 target has been met. • Early Help scorecards are under development to improve quality and insight to support effective management oversight and service improvement. • Team scorecards have assisted the service to produce accurate self-assessments in preparation for monitoring visits.	
1.2	Utilise 'Beyond Auditing', Principal Social Worker and training resources to address service weaknesses as when it arises on both team and individual level.	Richard Nash and SMT	**Monthly:** Reviewed in response to team scorecard findings.	• The Practice Development Team have worked, with some success, within teams to address service weakness and to support newly appointed managers to be confident of the safety of children allocated within their teams. For example, 96 children's cases were reviewed in Wycombe Help and Protection. 13 cases were identified for closure, 5 identified for stepping down, 6 cases identified for stepping up. • Most recently, the Practice Development Team have provided support to the Wycombe Assessment Team in March/April 2019. • Auditing a sample of case files in Early Help will begin in June supported by reporting tools which have been built onto the Early Help system workflow. This will enable management to test practice and recording across the service. It will be reviewed and refined prior to the introduction of the new Family Support Service in September. • Beyond auditing approaches to audit and service development have been utilised across in different parts of the service. It should be noted that the resource has been deployed to address service weaknesses rather than across the whole service. The feedback from staff has been positive and the approach of working alongside staff has proved to be valuable.	
1.3	Review the child protection and independent reviewing service in order to maximise the role and function of available resources to improve outcomes for children and young people.	Julie Davies (HoS Quality Standards and Performance)	**February 2019:** Impact at a team level evident. **September 2019:** Evidence of improved outcomes across the service.	• The Strengthening Families audit tool is now used prior to review conferences. This is helping to highlight inconsistencies in care planning across social care teams. These inconsistencies are being addressed through pre-conference conversations between Child	

				Protection Advisers (CPAs) and Social workers and themes are collated by the CPA Manager as part of the team scorecards. • The alignment of Child Protection Advisers to geographic teams has seen a noticeable and positive improvement in collaborative working between the CPAs and social work teams. • The geographic and thematic allocation systems for IROs introduced earlier this year is resulting in positive collaboration between the IROs and social workers so that the risk of drift and delay is more effectively managed. • Both the IRO and CPA teams are fully staffed with a mixture of permanent and agency workers. The intention over the next 3 months is to convert agency staff to permanent.	
1.4	Further embed and refine the child protection and care planning alert and escalation protocols.	Julie Davies (HoS Quality Standards and Performance)	**February 2019:** Impact at a team level evident. **September 2019:** Evidence of improved outcomes across the service.	• There remains a focus from the CPA Manager and IRO Manager on the use of escalation and alerts. Both are mindful of the use of escalation but have balanced this with developing relationships with TMs across the services to resolve issues collaboratively. • A key responsibility of the CPA and IRO is to have regular conversations with TMs and social workers to support in improving the quality of casework. Recent dip sampling of CP plans shows an improved quality of care plans which are SMART and child focused. • In relation to improving Initial Child Protection Conference (ICPC) timeliness there is now a formal alert system in place which triggers requirement for a HoS approval should the ICPC need to be delayed by the social work team. • Sampling has shown the CPA footprint is now more evident on LCS from pre-conference conversations with social work teams. IROs are also getting better at routinely recording the outcome of conversations with social workers and other agencies between reviews.	
1.5	Ensure that CP conference chairs contribute to effective management oversight and provide additional scrutiny to make sure that child protections plans are implemented in a timely manner.			• The new way of working and geographic alignment as described above is beginning to contribute to more effective management oversight. There is now greater consistency of the CPAs using the SFF checklist in advance of conference as a tool to positively engage the social worker and collaboratively plan more effectively for children/young people. There is also evidence of appropriate levels of challenge. • The CPAs are now regularly reviewing children on a plan 12+ months. In addition, the CPA Manager is regularly reviewing children on a plan 9+ months alongside the PLO Court Manager to ensure LPM/PLO processes have been initiated in a timely way where necessary.	
1.6	Ensure that all CIN Audit and Review recommendations and remedial actions have been responded to and addressed and the learning embedded into everyday practice.	Errol Albert (HoS CIN, CP and Court) and Alex Coman (HoS Children in Care and CWD)	**March 2019:** All audit actions completed. **July 2019:** Impact at a team level evident. **September 2019:** Evidence of improved outcomes across the service.	• Most CIN audit and review recommendations have been responded to and addressed. Actions have been completed, cases closed or there has been evidence of case progression since the original audit took place. • Verification work has taken place to ensure recommendations from audits have been put in place for the children involved. This has highlighted 35 cases in CWD Wycombe where further action is required to finalise actions and this is being closely monitored by	

			the HoS and the Service Director. In a number of these cases the allocated worker has changed and the original actions from the audit have less relevance. However, this is not the case for all actions and weekly updates are provided to ensure actions are addressed without any further delay.	■

ID	Action	Lead	Timescale	Progress	RAG
1.7	Review service arrangements for conducting CIN Reviews and ensure that allocated social workers are adequately supported by line managers and business support officers.	Errol Albert (HoS CIN, CP and Court) and Alex Coman (HoS Children in Care and CWD)	**March 2019:** All audit actions completed. **July 2019:** Impact at a team level evident. **September 2019:** Evidence of improved outcomes across the service.	• Allocated resource was brought into the safeguarding service to identify opportunities to progress cases. This, alongside a stronger grip at team manager level, has resulted in some reduction to average caseloads since December 2018. • The Business Intelligence Team has reviewed the performance management information regarding CIN reviews and this has identified a number of changes required to provide the clear line of sight needed. These changes will be implemented from June 2019 and will provide the social care management teams with increased oversight of CIN review arrangements. • In addition, the HoS for safeguarding has arranged to sample a number of cases to review the quality of CIN review arrangements including timeliness, compliance and impact. This review will take place in June 2019. • Monthly auditing of casework by HOS and TMs will start in June 2019. TMs will not audit their own work and this monthly exercise is part of building a culture of auditing that will enhance the line of sight on service delivery in relation to all work including CIN.	■
1.8	Review processes and pathways on the stepping down of children who no longer meet the threshold for CIN/CP and who would benefit from support from partner agency involvement including community and voluntary services.	Errol Albert, Gareth Morgan (HoS Early Help) and SMT	**March 2019:** Impact at a team level evident. **September 2019:** Evidence of improved outcomes across the service.	• Closure meetings to manage step downs and improve throughput within the service have been rolled out across social work teams. This is supporting efforts to reduce caseloads within teams. • The Corporate Business Improvement Team has completed a review of the processes and pathways of children stepping down from CIN and CP. The review has identified a number of service improvement recommendations which are being developed into an action plan to be implemented from June 2019. The review has also resulted in revisions to the early help transfer protocol. • A consistent pathway for step-downs into Early Help Duty Tray in MASH has been established to improve consistency and timely progression of cases following joint visits and practitioner handover.	■

Ofsted recommendation 2:
Ensure that appropriate support is in place to meet the needs of children when child protection plans end and also when children return home from care.

ID	Action	Lead	Timescale	Progress	RAG
2.1	Ensure that step downs from CP plans are well managed, well communicated and that appropriate resources are in place to support continued improved outcomes.	Errol Albert and Gareth Morgan	**March 2019:** Impact at a team level evident through audits. **September 2019:** Evidence of improved outcomes across the service.	• As above, the review has now taken place and an action plan will be implemented from June 2019. • There is some evidence of improved management oversight and appropriate challenge between TMs and Child Protection Advisers regarding step down from CP, with conversations taking place more routinely in between conferences.	■

2.2	CIN plans to include clear multi-agency support that where appropriate can support families following statutory intervention.			• Further work is required to ensure families are signposted to appropriate early help, commissioned and VCS services (through the Bucks Family Information Service).
2.3	Ensure that there is an effective, results driven edge of care service in place that is well linked to out of hours and BCC Children's Homes in order to create an effective out of hours support to children and young people to enable them to stay at home.	Nathan Whitley (HoS Fostering, Adoption and Placements), Aman Sekhon-Gill (HoS Youth Offending) and SMT	**July 2019:** Review current offer. **October 2019:** Offer introduced. **January 2020:** Evidence of improved outcomes.	• The welfare bed in our new children's home (which opened May 19) is now in place. The bed is subject to a requirement by Ofsted that it is used in conjunction with a planned placement. • Plans remain on track to recruit respite and emergency foster carers to provide more placement options for young people 'out of hours'. • A review of alternative models of provision is underway. As part of this review, identification of the level of 'edge of care' support required will be undertaken. The findings of this review, which is expected to conclude in July 2019, will be used to develop an effective support offer.
2.4	Ensure that social workers and their teams have comprehensive knowledge of all third sector and early help resources that can support children and their families when statutory intervention ends.	Gareth Morgan, Aman Sekhon-Gill and Amanda Andrews (HoS MASH and Assessment)	**March 2019:** Impact at a team level evident through audits. **September 2019:** Evidence of improved outcomes across the service.	• MASH now has a dedicated worker from the Family Information Service to raise awareness and support workers knowledge of third sector and early help resources. • Early Help practitioners are now aligned to the MASH which will support in increasing awareness around the availability and knowledge of third sector and early help resources. • HoS are working to ensure that early help/commissioned services are more accessible for social work teams. • An early intervention worker from the Youth Offending Service is now providing support for two schools. In addition, two additional posts funded through the PCC, will be introduced to increase reach within the community. A specialist youth worker is also being recruited to support community links, specifically in relation to adolescents. • Funding has also been secured through the PCC to support additional speech and language therapy across 8 schools. • Revised online MARF will be ready for testing July 2019. It contains an element whereby if the referrer identifies services at Tier 1 or Tier 2, there will be a link to BFIS.
2.5	For allocated social workers, their teams and Independent Reviewing Service to constantly review whether placements are meeting needs and are able to take decisive action to prevent emergency placement breakdown.	Alex Coman and SMT		• Children's care planning and resources panel is now established and is providing additional management oversight and scrutiny of placement changes. • Regular QA meetings between the care service and IRO team have been in place since April 19 to promote learning and support an environment where concerns, themes and issues can be shared. IROs are now routinely attending social work team meetings. • In addition, "link IROs" have been identified for each team and are regularly meeting with TMs to ensure issues are escalated and resolved. • Impact will be tracked through performance measures including information on escalations and placement stability.

Ofsted recommendation 3:
Improve the quality of assessment and planning to ensure that risk is identified and responded to promptly, especially when risks escalate. Ensure that assessments and plans identify the unique needs and experience of each individual child, particularly when they are part of a large family of brothers and sisters.

ID	Action	Lead	Timescale	Progress	RAG
3.1	Ensure first and second line managers have the knowledge, skills and ability to plan, direct and shape assessments that enable robust plans and strong risk management to be created.	Amanda Andrews and SMT		• New assessment form introduced in December 2018. • Dip sampling and quality assurance undertaken regularly by HoS and TMs. Poor quality work is being identified for improvement prior to sign off. • Enhanced approach to performance management has increased focus on throughput, closures and caseloads. • There has been some recent improvement in out of timescale assessments for example 45 day assessment completion is 82% as at April 2019. • The review of the assessment service has concluded and a 12 month action plan is in place. • Improvements noted in management oversight data with 86% within timescales as at w/c 20.05.2019. • Progress in improving the quality of assessments is increasingly evident and this, alongside the ability of TMs to drive forward practice was noted by Ofsted during the monitoring visit in May 2019. There is still more work to be done to strengthen practitioner understanding of risk but TMs provide necessary management oversight of cases.	
3.2	Embed the 'Good Assessment' practice document in all social work teams and evaluate its impact on improving the quality of assessments.	Richard Nash and SMT	**June 2019:** Impact at a team level evident. **October 2019:** Evidence of improved outcomes across the service.	• Good assessment guidance has been circulated to all teams and discussed with all managers and assistant TMs. • Some Managers are providing effective quality assurance prior to sign off to improve the quality of practice. All managers are being supported to fulfil this essential task. • The Principal Social Worker is focusing on embedding the good assessment guidance and will continue to deliver, a series of workshops which focus on improving the standard of assessment. • The Ofsted monitoring visit in May highlighted some examples of good assessments. • More work is being undertaken to strengthen our response to escalating risks.	
3.3	Complete audit and case sampling work to verify all of the above.	Julie Davies		• The Practice Development Team is operational and has provided some capacity to quality assure assessments. In March/April 2019 the team supported the Wycombe Assessment Team. • A dip-sampling schedule for assessments and contact/referrals began in March 2019. • Monthly auditing of casework by HOS and TMs will start in June 2019. TM's will not audit their own work and this monthly exercise is part of building a culture of auditing that will enhance the line of sight on service delivery in relation to all casework types.	
3.4	Consult with safeguarding partners and revise the Assessment Protocol for assessing children, and young people.	Amanda Andrews and SMT	**March 2019:** Completed revision of the Assessment Protocol. **September 2019:** Impact of revision evident.	• HoS working collaboratively with the LSCB Business Manager and the protocol has now been reviewed. • The revised protocol will be presented to the LSCB policy and procedures sub-group and executive board for information.	

Ofsted recommendation 4:

Ensure that care plans for children reflect their diverse needs and individual identities, and are realistic about achieving change.

ID	Action	Lead	Timescale	Progress	RAG
4.1	Ensure first and second line managers provide effective oversight and supervision of care planning with a specific focus on the individual needs of the child and achieving positive change.	Richard Nash and SMT	**June 2019:** Impact at a team level evident through audits. **September 2019:** Evidence of improved outcomes across the service.	• Changes of Team Manager across the service have generally finished and the new cohorts of managers are providing improved, effective management oversight of casework. This is evident in case sampling. • Progress against this action will be addressed when SMT is confident in the stability and practice of individual teams. • Monitoring visit in May 2019 provides evidence of increased levels of management oversight and also evidence of this leading to improved outcomes. • The May 2019 monitoring visit also report increased evidence of the individual needs of children being evident in casework, although this is still too variable.	
4.2	Develop confidence and skills of workforce to understand and address the individual identity of each child that receives a statutory service.			• In teams with newly appointed managers, targeted support will be given in order to support the skills and confidence of their workers, particularly in relation to addressing the individual identity of children. • In these teams, work is underway with practitioners to assist them in developing their own understanding of how their view of what families should and are able to do does not prejudice assessments in ways that are considered to be unfair. This is always in the context of keeping children safe and applying professional curiosity. • Two practice have taken place led by the PSW and Head of Equalities. The impact of these practice forums will be evaluated through the work of the Practice Development Team to ascertain impact on outcomes and future themes. The forums were well received and if impact is seen in casework, additional sessions will be arranged. • The service has prioritised addressing performance issues in specific teams which have been responded to by colleagues in the Practice Development Team. This has meant the audit plan is behind schedule and the March deadline has been amended to June.	
4.3	Ensure the IRO service provides effective quality assurance of care plans to ensure they promote positive change.	Julie Davies		• A priority for the IRO Manager is to achieve a greater level of consistency in mid-term reviews being undertaken to support increased oversight of children's care plans. • Where new IROs are in place, we are seeing improved grip of cases in line with the safety net we would expect the IRO service to provide. The response from new cohort of IROs in relation to missing children is an example of their impact in supporting a greater degree management oversight and quality assurance.	

Ofsted recommendation 5:

Ensure that all written records are clear and up to date, and accurately identify the circumstances of children and their families.

ID	Action	Lead	Timescale	Progress	RAG
5.1	Ensure that all audits and case sampling comment on the quality and timeliness of written records.	Julie Davies	**March 2019:** Impact at a team level evident through audits. **July 2019:** Evidence of improved outcomes across the service.	• A 12 month audit plan is in place, which commenced in March 2019. This activity will lead to bespoke practice improvement based on findings about individual workers practice. • HoS for First Response has introduced a service specific programme of dip sampling and a checklist to support consistency of management oversight. • LCS improvement schedule is mapped and has been shared with corporate colleagues to ensure appropriate resource is aligned. • The challenge for the service is to ensure that case recording is meaningful and demonstrates the impact of interventions on improving outcomes for children. This will be assessed through case file audits and the use of team scorecards. Where necessary, issues of concerns will be addressed in staff supervision.	
5.2	Ensure that the quality of case recording forms part of each team scorecard and that first and second line managers know what is expected in order to take effective action where necessary.	Richard Nash and SMT		• Team scorecards introduced in November 2018. • Quality of case recording will be picked up through review of audit findings. • The quality of case recording will be considered through case sampling and will be reflected in scorecards from April 2019. • Specific actions have been put in place to ensure case recording is timely especially at key points in a child's life. For example when a child becomes LAC and this couples with further team manager level auditing will increase the focus on timely recording.	

Ofsted recommendation 6:
Take immediate action to ensure that monitoring and visiting arrangements to all children looked after, including those in placements with parents, are sufficiently robust to ensure their safety and progress until these arrangements are formally resolved.

ID	Action	Lead	Timescale	Progress	RAG
6.1	SMT to use the team scorecards to effectively monitor all LAC visits.	Richard Nash and SMT	**December 2018:** Scorecard introduced. **March 2019:** Impact at a team level evident. **September 2019:** Evidence of its use leading to improved outcomes across the service.	• Team scorecards introduced in November 2018. • Scorecards review timeliness and quality of LAC visits. • There has been some improvement in the timeliness of LAC visits which is evident from September 2018. The quality of visits remains variable and the HoS Care Management will monitor the quality of visits though case sampling. • Performance in relation to LAC visits was at 93% as of April 2019. There is more to do to ensure LAC visits are strongly linked to delivering care plan objectives and this is being pursued by the HOS for children in care, as well as via the IRO service.	
6.2	Ensure targeted auditing of LAC cases determines the effectiveness of LACs visit in improving outcomes for the child.	Julie Davies, Alex Coman and Nathan Whitley	**October 2019:** Impact at a team level evident through audits. **December 2019:** Evidence of improved outcomes across the service.	• Review of foster carer participation into the CLA review process has taken place. There is now a link IRO working with the fostering team to develop carer feedback forms which include medical dates and appointments. This will allow foster carers to effectively input into the child's review. • In addition, workshops are being planned to clarify the foster carer's role within the child's care plan and review. These workshops will be co-presented by the IRO service and the Fostering team.	

ID	Action	Lead	Timescale	Progress	RAG
		Julie Davies, Alex Coman and Nathan Whitley	**October 2019:** Impact at a team level evident through audits. **December 2019:** Evidence of improved outcomes across the service.	• There are plans in place to include work with the 'We do care' Council to capture of the views of our Children and Young People as part of the auditing approach. • HoS will ensure findings from case sampling are captured through the team scorecard process.	(orange)
6.3	Ensure that the IRO service provides effective quality assurance of all LAC visits and this is reflected on the child's record.			• The IRO Manager uses a checklist in supervision as a means of measuring the effectiveness of the IRO team. • An additional tool, similar to that used by Child Protection Advisors prior to conference, will be in place from June 2019. It will be used as a means of quality assurance between reviews and it is anticipated that it will improve consistency of practice for the IRO service.	(orange)
6.4	Undertake a further review of children placed at home with parents to assure standards of care and compliance with procedures and guidance.	Richard Nash and Alex Coman	**March 2019**	• The cohort was reviewed in October 2018, December 2018 and February 2019 in addition to the reviews which took place during the phase 1 improvement plan. • As at 26.03.2019 there are 25 children who are placed at home on a care order. All are subject to review and regular visits. Of these 25, 11 were at home in November 2017. In the group of 11 cases, currently 5 are in proceedings to revoke the care order. The remaining 6 are the subject of further discussion with legal services to finalise our position on when to either revoke the care order or remove the children. • The service has satisfied itself that no children are unsafe within these arrangements.	(blue)
6.5	Ensure monthly monitoring of LAC placed at home with the managers and social workers who hold these cases.	Richard Nash and Alex Coman	**February 2019:** Impact at a team level evident. **July 2019:** Evidence of improved outcomes across the service.	• All cases within the service have been reviewed. • Care orders are on track or have been revoked where possible. • Rigorous bi-monthly checks are scheduled to take place. The outcomes, decisions and actions following these reviews are being recorded in the child's electronic record. • The HOS and Service Director continue to monitor all existing placements on a monthly basis.	(green)
6.6	Ensure all new cases are signed off by the Service Director before children on Care Orders are placed at home.	Richard Nash and SMT	**Monthly:** Reviewed	• As part of the February 2019 review, compliance with Service Director sign off was tested which highlighted a work flow issue on the LCS system. • The LCS issue has been included as part of a wider plan for system changes and is being prioritised accordingly. • The practice standards on tri-x are being revised further to ensure procedures for the management of these cases are clearer.	(orange)

Ofsted recommendation 7:
Review the procedures for accommodating and supporting unaccompanied asylum-seeking children, including those who arrive outside office opening hours, to ensure that their immediate needs and vulnerabilities are appropriately assessed.

ID	Action	Lead	Timescale	Progress	RAG
7.1	Ensure robust oversight of all new UASC assessments, including assessments of age and vulnerability to exploitation and trafficking.	Richard Nash and Alex Coman	**February 2019:** Impact at a team level evident. **July 2019:** Evidence of improved outcomes across the service.	• Guidance and processes in relation to UASC were refreshed in November 2018 to bring them in line with current legislation. This was introduced in February 2019. • Two social workers with specialist experience of UASC have recently been appointed to support these children.	(green)

ID	Action	Lead	Timescale	Progress	RAG
				• The operating procedure for UASC has been reviewed and shared in the service alongside with the introduction of the new trafficking assessment which is now completed for all new arrivals.	(green)
7.2	Complete quarterly case sampling of UASC cases and provide clear feedback to SMT of quality of work seen.	Richard Nash and Alex Coman	**Quarterly:** Progress monitored	• UASC young people will be reviewed as part of the auditing programme in November 2019.	(amber)

Ofsted recommendation 8:
Ensure that all care leavers have full information about their health histories and what they can expect during their time in care and on leaving care, including information about advocacy and complaints.

ID	Action	Lead	Timescale	Progress	RAG
8.1	Consolidate the existing process and system to ensure that all care leavers are provided with full information about their health history in a timely manner.	Richard Nash, Debbie Richards (Director of Commissioning and Delivery, CCG) and Carolyn Morrice (Chief Nurse, Bucks Healthcare Trust)	**Bi-monthly:** Reporting to each Corporate Parenting Panel.	• Process has been reviewed and is in place. Performance measures over the past year have been good and this is monitored regularly as part of the Corporate Parenting Panel. • During 2018, 98% off our children leaving care received a health summary.	(green)
8.2	Provide all new care leavers with full information about their health history in a timely manner.			• As above.	(green)
8.3	Provide retrospective health histories to all children who left care between January 2016 and January 2018.			• Plan is in place to provide all care leavers since January 2016 with a health summary. Cohort has been identified and shared with health colleagues who are currently contacting all for consent. Target date for completion is end of June 2019.	(green)
8.4	Deliver Initial and Review Health Assessments in line with statutory guidance and timescales			• New process has been designed and implementation commenced in June 2019. • As part of the new process, the LCS system will be reconfigured so that the health review cycle will be built into the child's social care record, reducing the potential for drift and delay, and enhancing ability to monitor performance. • Regular escalation meetings with health are ongoing to track the process and the work plan is monitored by the Corporate Parenting Panel. • All review health assessments are planned for the year. • Since April 2019, LAC nurses have been sitting with our children in care teams once a week to support joint working around health assessments and provide support to plan joint operational delivery and tackle any issues.	(amber)
8.5	Review and refresh on line information and hard copy materials to provide children in care and care leavers with full details of their rights and entitlements, including advocacy and complaints.	Alex Coman and James Fowler (Youth Service Manager)	**July 2019:** Review and refresh complete.	• This has been reviewed and the leaflet has been updated and improved. A new website is also under development. • A protocol to ensure all new children coming into care are provided with this information has been developed and the information will be shared with children 12 and over by the allocated social worker before their first LAC review. This process will begin from June. Once introduced, this will be tested at the point of first LAC review. • An easy to read version of the booklet has also been developed and is available. The 'juniors' version of the booklet (for those under 12) is in development by the We Do Care Council and will be ready by the end of July 2019.	(green)

8.6	Ensure that staff working with LAC and Care Leavers demonstrate in practice that they routinely inform these children and young people of their rights both in the present and in the future and case files demonstrate evidence of this.	Alex Coman	**June 2019:** Impact at a team level evident through audits. **September 2019:** Evidence of improved outcomes across the service.	• A draft offer for care leavers has been developed with input from care leavers. This will be signed off and published in June 2019. • Once agreed, the PAs will be discussing the offer with young people and they will have access to a copy via the BCC website. • Targeted auditing will be completed from June 2019 to check whether or not LAC and care leavers are routinely informed of their rights.	
8.7	Ensure that BCC carers and residential homes are equipped and focussed on the rights and entitlements of LAC and care leavers.	Nathan Whitley		• The new offer as described above will be rolled out and introduced as part of the process to all BCC carers and residential homes. • The IRO service through statutory reviews will ensure impact through their interactions with children and young people.	
8.8	Ensure that the IRO service, through LAC reviews, check that the rights and entitlements are routinely covered and that the child or young person understands these.	Julie Davies		• This will form part of the IRO checks completed as part of the statutory review process, and through their mid-point reviews of children's care plans. • Its use will be tested through auditing activity when the LAC cohort is reviewed. This is part of the 12 month audit plan that commenced in March 2019.	

Ofsted recommendation 9:
Apply an appropriate audit tool to ensure that qualitative analysis, alongside quantitative compliance auditing, measures effectively the improvements, impact and outcomes for children.

ID	Action	Lead	Timescale	Progress	RAG
9.1	Ensure that the audit tool is fit for purpose and supports child centred analytical recording.	Julie Davies	**Completed**	• Impact of auditing activity in engaging workers, encouraging change and improving practice will continue to be reviewed following each period of team level activity. This will be monitored through case sampling and auditing activity.	
9.2	Ensure that 'Beyond Auditing', general audits and case sampling support the improvement of service delivery by addressing practice deficits identified via team scorecards.	Richard Nash and Julie Davies	**March 2019:** Impact at a team level evident through audits. **September 2019:** Evidence of improved outcomes across the service.	• 'Beyond Auditing' resource was realigned in December to provide intensive practice development support at individual team level. • Help and Protection Wycombe supported initially due to concerns over the quality and standards of casework within this part of the service. • In addition, the team provided intensive support to CWD Wycombe until February 2019. • A programme of auditing outlining the targeted use of the Practice Development Team is in place for the rest of the year.	
9.3	Ensure there is a 'golden thread' that connects the improvement plan, SMT improvement activity, training and development plans, team performance and outcomes for children.	Richard Nash	**Quarterly:** Reviewed	• Bi-weekly SMT meetings provide the mechanism to review audit outcomes and monitor progress against the improvement plan to ensure that there is an effective 'golden thread'.	
9.4	Ensure the effective use of team scorecards so that performance is measured from a '3D' perspective to provide the service with a clear understanding of progress against improvement, areas of development and improved outcomes.	Richard Nash and SMT Richard Nash and	**December 2018:** Scorecard introduced. **March 2019:** Impact of scorecard evident. **July 2019:** Consistent evidence of impact across the service	• Team scorecards introduced in November 2018. • Scorecards have been reviewed by HCC and by SMT and continue to be refined. There is evidence of impact on outcomes at a team level, for example, improved performance and lower caseloads within the assessment teams. Scorecards are proving to be valuable tools that are continually reviewed by SMT to ensure maximum impact. March 2019 target has been met. • Feedback from HoS and TMs is positive and there is a commitment to fully utilise team scorecards to manage and improve outcomes.	

ID	Action	Lead	Timescale	Progress	RAG
9.5	Develop a positive performance culture within social work teams where success can be recognised and poor performance addressed and challenged.	SMT	**February 2019:** Evidence of impact at a team level **July 2019:** Consistent evidence of impact across the service	• The introduction to the team scorecards provides the framework to develop positive performance culture. • The impact of this tool is still in its infancy, however, feed from HoS and TMs is positive and there is a commitment to fully utilise team scorecards to manage and improve outcomes.	🟧
9.6	To review staffing in the 'Beyond Auditing' Team and establish the requisite knowledge, skills, experience and values to fulfil the quality assurance role.	Julie Davies	**Completed**	• Complete with Beyond Auditing establishment fully resourced.	🟦

Ofsted recommendation 10:
Ensure that all staff receive appropriate training, including mandatory training, in order to improve their key skills and to keep them up to date in their knowledge and practice.

ID	Action	Lead	Timescale	Progress	RAG
10.1	To deliver a comprehensive programme of support that is aligned to the findings of team scorecards. Development activity will be linked to service improvement priorities and will be signed off by the Service Director.	Richard Nash, Julie Davies, Claire Zaffin (HR Business Partner)		• Service specific workforce boards have been held to identify priorities across the service. • Training, learning and development needs are being identified by each HoS in line with service priorities. • Beyond Auditing resource will be used to deliver practice learning sessions where required and where resource permits. • Some identified for the national supervision programme.	🟧
10.2	Ensure that the service benefits from a strong, skilled and well supported cohort of first and second line managers.		**March 2019:** Impact at a team level evident. **September 2019:** Evidence of its use leading to improved outcomes across the service.	• All TMs and Assistant TMs have been invited to discuss their bespoke learning and development plan with the Workforce Development Team with some exceptions based on direction from the HoS. • Those who have developed their learning and development plan have been guided to appropriate training opportunities and participation is under review.	🟧
10.3	The 'offer' to staff will be informed by audits, team scorecards, Development Centre outcomes and the quality of overall practice.			• Training, learning and development offer to be considered when scorecard process is reviewed in March 2019.	🟧
10.4	To ensure that staff training, learning and development is fully aligned to the needs of the service and the priorities relating to the outcomes for children and young people.			• As above.	🟧
10.5	Review the practice arrangements and support provided for NQSWs on the ASYE programme.		**March 2019:** Review of practice arrangements and support complete	• Review of practice arrangements has taken place.	🟦
10.6	Develop a social work academy that effectively supports student social workers and NQSWs to develop into highly competent Practitioners.		**September 2019:** Social work academy arrangements in place.	• Business case agreed to introduce a social work academy of 10 ASYE's and an additional practice supervisor role as well as dedicated support for ASYE's with their portfolio. • Selection of NQSWs continues to take place and the Academy remains on track to be underway by September 2019.	🟩

BUCKINGHAMSHIRE COUNTY COUNCIL - CHILDREN'S SERVICES
POSITION STATEMENT
NOVEMBER 2018

Immediately following the Ofsted inspection and subsequent findings, the Executive Director of Children's Services undertook a targeted recruitment campaign to appoint a new senior leadership team. The service has been extremely fortunate to have recruited an experienced, competent Senior Management Team (SMT) with a proven track record.

This team has now been together since April 2018 and it has continued to identify some examples of poor practice across the service. The overall strength of the service and quality of social work practice remains weak and this needs addressing at pace to ensure that outcomes for children and young people improve.

In delivering the initial high level plan, SMT has found that in some teams there has been insufficient operational management capability to sustain and embed the improvement activity. This is an important finding as the service is now in a stronger position to make the required improvements having a much more accurate and well-informed understanding of the barriers to sustaining positive change and the areas that require further attention.

In response, the service has developed additional actions, over and above the Ofsted recommendations, that focus on a number of priorities in order to address the findings that have been identified in recent months.

Service finding 1:
Managing risk / keeping children safe

ID	Action	Lead	Timescale	Progress	RAG
1.1	To develop practice guidance and standards that identify the hallmarks of good practice, including; • Case recording standards • Direct work and the voice of the child • Strengthening Families assessment and planning tools • Supervision standards	Richard Nash and SMT	**July 2019:** Impact at a team level evident and tested through audit activity. **September 2019:** Evidence of improved outcomes across the service.	• Progress against this action has been limited whilst the services continues to resolve legacy cases and ensure that vulnerable children are safe. The timescale will be reviewed and updated as necessary. • Positive practices guidance and standards are being actively promoted within individual social work teams through HoS management and auditing activity and case sampling. • Tri-X is now fully functionally and available through the LCS homepage which means that it is accessible for all staff. As new guidance is produced, Tri-X is updated. • Expectations of staff in relation to all aspects of good practice have been communicated out via a range of different communications. The May 2019 monitoring visit identified that there are signs of impact across casework in the assessment service, although there is still variability.	🟧
1.2	Shortfalls in practice are routinely feedback to individuals and teams via monthly performance meetings and audit outcomes.			• Findings of all practice deficits are routinely communicated back at both individual and team level through both operational observations and beyond auditing activity. • HoS follow up on findings with direct reports.	
1.3	That good assessment guidance is evident in all relevant casework and audit activity and sampling provides evidence of this. Where evidence is lacking, SMT to consider the human resource, training and organisational implications of this.			• Good assessment guidance has been circulated to all teams and discussed with all managers and assistant TMs. • Some managers are providing effective quality assurance prior to sign off to improve the quality of practice.	🟧
1.4	Enable all first and second line managers to promote, lead and quality assure against the 'Strengthening Families Framework' to maintain and ensure each piece of work embeds this approach.			• The assessment tool in LCS has been amended to reflect the SFF domains. • SFF training has been delivered across the service. • SFF approach embedded into auditing tools and 'beyond auditing' practice development activity.	🟧
1.5	Review the level of engagement and compliance with the protocols for attendance at strategy meetings with police, health and education partners.	Richard Nash, Debbie Richards, Nick John (Deputy Superintendent, TVP) and Sarah Callaghan (Service Director Education)	**Quarterly:** Reviewed	• A multi-agency event has been scheduled for June 2019 to review the current threshold document and will also test this action. • The Ofsted monitoring visit in May 19 found that in a small minority of cases, not all relevant agencies are consistently engaged in strategy discussions/meetings. • On-going communication with TVP is underway to ensure that processes and resources in relation to strategy meetings are in place.	🟥
1.6	Continue to strengthen the effectiveness of the Missing and Sexual Exploitation Risk Assessment Conference (M-SERAC) so that partners share information and intelligence, actively participate in joint decision making and coordinate responses to children at risk of CSE and going missing.	Amanda Andrews and Lewis Prescott-Mailing (Detective Chief Inspector, TVP)	**Quarterly:** Reviewed	• M-SERAC has been refocused and is now a strategic forum to share information and intelligence, map activity and respond to emergent themes. Each Local Policing Area will then be well placed to respond operationally to issues. M-SERAC will also share information in relation to missing children from other local authorities and all children missing under age 10.	🟩

		Amanda Andrews and Lewis Prescott-Mailing (Detective Chief Inspector, TVP)		• We are starting to receive positive feedback from partners regarding the impact of a more cohesive partnership approach. • M-SERAC has now been renamed STEMM (Strategic Exploitation and Missing Meeting).	🟩
1.7	Take appropriate action to prevent children and young people from going missing, reduce repeat missing episodes, and respond promptly to persistent missing episodes.		**Quarterly:** Reviewed	• The MASH has 2 dedicated officers in place to review missing children and there is also access available in MASH to the YOS database. • Regular Missing and Sexual Exploitation (MASE) meetings are also in place to ensure prompt action is taken around missing children and young people. • Ofsted monitoring visit in May identified that there is a better coordinated response to children and young people missing and is effective at the front door. • Return home interviews are of a good quality however, there is still work to do to ensure that all children who go missing are offered a return home interview, and that when they are offered, it is completed.	🟧
1.8	Ensure missing children's data is recorded, collated and analysed to understand and oversee the most vulnerable cohort of young people and use this information to inform service development.		**Quarterly:** Reviewed	• ELPIS, the police missing database, is in place, and accessible to the MASH, providing real time data in relation to missing. • Missing children are considered as part of M-SERAC and MASE meetings. In addition, missing form part of the monthly performance data reviewed by SMT.	🟩
1.9	Work with youth offending service colleagues and the police to understand links between CSE, missing, county lines and serious youth violence in order to better protect vulnerable young people.	Nick John	**Quarterly:** Reviewed	• A new multi-agency exploitation model is in place (since February 2019). • Referral pathways are developing and a new exploitation tool has been introduced. • Additional staff are being recruited to support the exploitation model. • A training programme is under development to embed specialist skills across the wider workforce. • New protocols have been established to review police activity, such as children arrested not for drug offences alone but other crimes or who go missing or are stop searched, to ensure we review these children for signs of exploitation. • In addition, the police will be reviewing the processes for making criminal justice decisions on children who are either at risk of, or being exploited, to ensure the correct outcomes are achieved i.e. the police are not criminalising children who are being exploited by making informed decisions.	🟧
1.10	Review and improve the response to domestic violence before statutory social care intervention is requested.	Nick John	**April 2019:** Review completed and shared with Children's Social Care prior to implementing changes.	• Domestic abuse incidents are shared via the MASH with partner agencies through a tiered approached when children have been identified as being present. A vulnerability matrix helps inform what needs to be shared.	🟧

					A domestic abuse triage has been introduced within the MASH to discuss all standard domestic abuse reports that do not fit the criteria for automatic share with social care. • Frontline police officers when attending domestic incidents will provide victims with a DOM6 leaflet which gives information on support agencies within the Thames Valley area and also provides safety planning information.	
1.11	Review and improve the response to allegations of abuse in a home setting where there are children living.	Nick John		• Dedicated Child Abuse Investigation Teams deal with all allegations of criminal offences within the family home when home is where the child lives. There is a dedicated team covering Buckinghamshire and this team has good partnership links with BCC and CSC. • TVP operate an 'ABCDE' matrix that is completed by frontline officers in order to assist MASH staff completing risk assessments and decision making on what requires joint investigation. • Frontline officers have received training under the Safeguarding, Vulnerability and Exploitation (SaVE) on an annual – 18 month cycle. This programme has enhanced officers' knowledge and awareness for identifying vulnerability. This will encourage officers to create child and adult referrals into the MASH to ensure early intervention support and diversion from crisis.	

Service finding 2:
Strengthen our recruitment process and support available to staff to ensure that we have a competent and confident workforce.

ID	Action	Lead	Timescale	Progress	RAG
2.1	Monitor the effectiveness of the Strategic Workforce Development Board and progress against the following workforce priorities: • Recruitment & Retention • Health & Wellbeing • Learning & Development • Organisational Change Management	Claire Zaffin	**Quarterly:** Reviewed	• Quarterly Strategic Workforce Development Boards continue to take place. • Service specific workforce development boards have taken place which identified specific service need for individual teams and strategic service need. • Action plan in place to address findings. • A further round of service specific boards is planned for September 19.	
2.2	Ensure that recruitment activity is aligned to the findings of team scorecards so that activity can be linked to the strengths and areas of development of individual teams.		**Monthly:** Reviewed	• Reviewed through team scorecards and service specific workforce boards. • Recruitment strategy and approach under development to address presenting service need.	
2.3	Review the approach to recruitment within Children's Services including the development of a recruitment strategy and delivery plan.		**April 2019:** Recruitment strategy and delivery plan developed. **September 2019:** Evidence of impact in recruitment activity.	• Review of approach has taken place in January 2019. • Recruitment strategy and delivery plan under development.	
2.4	At a senior level, authorise and review the continuing use of agency social work staff and	Claire Zaffin and Richard Nash	**Monthly:** Reviewed	• Reviewed monthly by Service Director.	

ID	Action	Lead	Timescale	Progress	RAG
2.5	To drive forward activity to build a strong permanent workforce reducing reliance on agency workers and subsequent agency spend.			• 1:1 conversations held with agency staff to promote conversion onto permanent contracts where appropriate. • Recruitment activities to appoint permanently to run alongside appointments of agency workers in established posts.	■
2.6	To review the role, function and capacity of Business Support Services and address the findings and recommended actions.	Mark Green (Development Manager) and Clare Brown (Business Support Partner)	**April 2019:** Review completed **July 2019:** Action plan developed and implemented	• The review has been completed and improvement actions/recommendations have been presented to both SMT and SLT. • CBS are currently drafting a proposal in response to the recommendations which will be presented to the service before introducing any change. The service and CBS will monitor the changes to ensure they are leading to the desired improvements.	■

Service finding 3:
In response to an initial contact, take appropriate and timely action to identify the agency best placed to support the child based on their identified needs.

ID	Action	Lead	Timescale	Progress	RAG
3.1	To strengthen the impact and resilience of the Multi-agency Safeguarding Hub (MASH) including: • Screening and decision making tools • Domestic abuse triage • Missing children and young people (ELPIS)	Amanda Andrews	**March 2019:** Impact at a team level evident. **September 2019:** Evidence of its use leading to improved outcomes.	• All tools have been reviewed. • DV triage and arrangements for missing children have been reviewed. • Impact is regularly tested through performance reporting. • There is work to do to improve the quality of decision making and application of threshold. This will be monitored through performance data and team scorecards and management oversight tools now being used. • Ofsted Monitoring visit in May identified MASH provides an effective service with improved systems.	■
3.2	Review the systems and processes in MASH to ensure strong, timely decision making for children.			• All systems and processes have been reviewed. Changes have been made in order to streamline the process and ensure timely decision making for children takes place.	■
3.3	Use performance data to capture and monitor timeliness including date child first seen for those contacts that meet threshold for statutory services.			• Performance data has been reviewed with Business intelligence colleagues to ensure performance data captures appropriate indicators. There are still issues in relation to the availability of child first seen information but this is being addressed by the Children's Information Team.	■
3.4	Ensure that the systems, processes and decisions made for children and young people who go missing from their homes and missing from care are appropriately connected and that pro-active actions can be developed to prevent and end CSE activity.	Amanda Andrews	**March 2019:** Impact at a team level evident. **September 2019:** Evidence of its use leading to improved outcomes.	• Approach to exploitation has been reviewed and the new exploitation hub was introduced in February 2019. • MASH efficiency has been reviewed and the trial of a shift system is complete. The trial was successful and has had a direct impact on the availability of information to allow staff to support children without unnecessary delay. Plans are now underway to formalise these arrangements.	■
3.5	Use regular audits, sampling and team scorecards to monitor performance on a monthly basis.			• Scorecards have been reviewed by HCC and by SMT and continue to be refined at each iteration. There is evidence of impact on outcomes at a team level, for example, improved performance and lower caseloads within the assessment teams.	■

3.6	Capture the views of stakeholders at regular intervals to inform service improvement and development.			• Plans for service design have been shared with key partner agencies for contribution. • Monthly peer days have been established and BCSB have advertised dates to partner agencies.	
3.7	Plan and deliver a programme of multi-agency auditing on the quality of referrals, application of thresholds and signposting in the front door to identify targeted areas of work with partner agencies.	Richard Nash, Debbie Richards, Nick John and Sarah Callaghan (through the audit plan of the LSCB)	**April 2019:** Commence auditing activity. **July 2019:** Audit activity complete and action plan developed for each agency available.	• There is an existing programme of activity in place for April 2019 to March 2020. • A multi-agency event has been scheduled for June 2019 to review the current threshold document.	
3.8	Utilise the learning from the programme of multi-agency audits to develop a shared understanding and consistent application of thresholds across all agencies.		**July 2019:** Review the learning from the multi-agency audit programme. **Jan 2020:** The appropriateness of referrals is evidenced in a reduction in the number that require no further action.	• Not yet started as auditing activity has not commenced.	