



CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY COMMITTEE

18TH NOVEMBER 2020

PROGRESS REPORT: OFSTED RECOMMENDATIONS AS PART OF THE OFSTED CONTINUOUS IMPROVEMENT ACTION PLAN 2017 - 2020 - THE ROAD TO EXCELLENCE

REPORT OF THE DIRECTOR OF CHILDREN AND FAMILY SERVICES

Purpose of report

1. The purpose of this report is to provide an update of progress made against the Ofsted Continuous Improvement Action Plan (OCIAP) in responding to the Single Inspection of Children's Social Care in November 2016 and the Inspection of Local Authority Children's Services (ILACS) in September 2019.

Policy Framework and Previous Decisions

2. The Children and Families Overview and Scrutiny Committee has previously received a copy of, and progress reports against, the Ofsted Continuous Improvement Action Plan, developed following the Ofsted inspection. A progress report was last presented at its meeting in January 2020 along with the outcome of the 2019 inspection.

Background

3. The report is based on work undertaken through "The Road to Excellence", which is Children's Social Care's (CSC) Continuous Improvement Action Plan for 2017 to 2020. The plan was originally developed to address 17 recommendations made following the 2016 OFSTED inspection. Progress against those actions was recognised by Ofsted in the 2019 inspection. The current Continuous Improvement Plan is now focused on the six areas of improvement identified by Ofsted in the 2019 inspection. Work is currently underway to develop the 2021-23 action plan that will continue children's social care improvement journey.
4. The OCIAP addresses the most recent Ofsted findings by providing a strategic vision for improvement that is founded on four aims:
 - i. Being a Learning Organisation
 - ii. Embedding Excellent Practice
 - iii. Taking the Right Action at the Right Time
 - iv. Developing Policy and Performance

5. The action plan at Appendix A uses a RAG rating to indicate progress against implementation and separately against how improvements have become business as usual and evidencing impact. Green is showing good progress against identified objectives, amber is on track to deliver within agreed timescale and red signifies areas requiring further focused work or barriers preventing implementation. The ratings provide a judgement of what evidence exists to demonstrate the departmental response to a recommendation. This evidence is largely taken from performance, business intelligence data and findings from quality assurance audits that are used together to monitor the progress of the OCIAP alongside staff input.
6. Following the ILACS Standard Inspection that took place in September 2019, the Continuous Improvement Plan (CIP) has been updated to reflect the recommendations made by Ofsted. Ofsted recognised that the service was already aware of and working on improvement/growth in all areas; the CIP has therefore been updated to identify the source for each objective. Previous areas that were continuing to be monitored through the CIP at the point of the most recent inspection but had made significant progress, for example ensuring a strong front door service, will now be monitored via Delivery Plans as progress and impact is positive.
7. For the last year of the CIP the Department has continued to embed progress against the 15 green recommendations and drive change against the two remaining Amber actions; these are now embedded in the six new recommendations from the Ofsted recommendations 2019. For these recommendations, work will continue in the revised Road to Excellence plan 2021 to 2023 with an ambition to have all the recommendations embedded in practice by the time of the next full Inspection in 2022. The plan will run for three years and the work is based on long term change not simply to prepare for Ofsted Inspections.

Overview of Progress

8. The summary of ratings against the six current recommendations is:

Implementation of process	four recommendations are rated Green and showing good progress against identified actions
	two recommendations are rated Amber and are on track to deliver in the agreed timescales.
Evidence of impact	one recommendation is rated Green and showing good progress against impact
	five recommendations are rated Amber and are on track to deliver in the agreed timescales

The achievements and challenges to progress against these areas are detailed later in the report.

9. Progress is continuing against all six recommendations and are on target to be achieved in the agreed timescales. It should be noted that in some areas progress has been impacted upon by Covid 19 and whilst work has continued against the recommendations the timeliness of some actions and embedding impact has been slower than originally planned. However, in summary progress is showing that:
10. Performance data and reports continue to be actively used by managers across the service to drive service improvements. Performance continues to be monitored via monthly service area performance meetings chaired by the Assistant Director, attended by team and service managers and Heads of service.
11. Progress has been made in terms of Children and Family Wellbeing service (CFWS) triage and these are now being worked in live time and are using the same three-day timescale to monitor performance as First Response Children's Duty. Work has been completed in September 2020 to look at an integrated approach to the screening process across Children and Family Wellbeing Service (CFWS) and First Response (FR). A proposal has been agreed by the Directorate Management Team to mirror the First Response screening process and provide closer oversight and management of Children and Family Wellbeing Service Screening. The impact for children will be early and coordinated responses to align service provision and timely decision making so that each child has the right outcomes at the right time across both Children and Family Wellbeing Service and Children's Social Care.
12. First Response Children's Duty is now completing the initial Child in Need (CIN) plan and coordinating the first Child in Need review to strengthen transfer of work between teams. This means that children experience a smooth transfer of responsibility and clear ownership of the plan with families at the heart of the transfer process.
13. Leicester Family Justice Board (LFJB) recognises a significant improvement in the preparedness and quality of the Local Authority in issuing Care Proceedings. It is acknowledged that the quality of cases being issued by Leicestershire County Council in general are appropriate, timely and proportionate; this indicates that Leicestershire County Council is making the right decisions at the right time for children. The benefits of the revised tracker and process continue to be seen, for example closer oversight of cases, tracking of pre-proceedings letters before actions and meetings and improved timeliness. Timescales for the duration of pre-proceedings and care proceedings are steadily reducing. Nationally this area of work is being impacted upon by Covid-19 by the delay in court availability and therefore delay in final hearings.
14. A Planning campaign began in November 2019 and practice leaders for each team are identified and activity is supported by the Practice Excellence Team. The program has been adapted to respond to the Covid-19 pandemic and virtual workshops have continued during Q1 and Q2 of 2020/21. Staff response has been good and numbers of staff joining virtual sessions are high and feedback

positive. Key messages are being embedded using a new Think Practice thematic learning briefing to staff.

15. A focused piece of work has been completed in Children in Care Teams regarding quality of care plans. This has had oversight of the Head of Service and Service Manager and dip audits have evidenced a higher level of consistency. This means that each section of the care plan is completed reflecting on concerns, voice of child and carers, scaling and identification of appropriate actions with timescales.
16. Work to implement improved recording and alignment with the Signs of Safety approach has seen the introduction of writing three-month updates to the child to capture key decisions and events so that their journey is captured clearly. A broader range of child focused recording is being implemented through Quarter 3.
17. Group working functionality is being introduced into Mosaic via the Signs of Safety Mosaic development group. This will enable better recording of individual need and circumstances for each child avoiding duplication for workers inputting this and allowing the Signs of Safety approach to be embedded into recording templates. The first phase of forms (contact, referral and assessment) went live in First Response in August 2020 and the introduction across all services is part of phase one. Early feedback from staff is that the new forms encourage improved depth of practice in relation to applying the Signs of Safety approach.
18. A new chronology form has been agreed as part of the new suite of forms aligned with Signs of Safety and embedded into the assessment process, to reduce duplication and comply with court requirements. The new process, once embedded, will also enable better tracking and oversight of chronologies.
19. Paperwork for Permanence panel has been revised with a greater focus on quality assurance of the matching meeting. Panel is seeing better quality work and consideration of child's needs both now and in the future with the carer's skills, experience, training and support needs. This is supporting more children being considered at Permanence panel and permanence being agreed.
20. Permanence is measured by the number of children in care that have a permanence plan agreed in a Review of Arrangement (98%). There is ongoing work to improve the number of children where this decision is made early in their care planning journey and the goal is by their second review of arrangement. This is impacted by the complexity of cases and the delays in court which have increased due to Covid 19.
21. A second measure of permanence is for children where permanence is not adoption. For these children the Permanence panel oversees the decision making of permanence planning and matching considerations. The chair of panel oversees the list of children where a permanence decision has not been agreed.
22. A quality assurance process for alternative provision has now been agreed through the Secondary Heads meeting and has now been implemented. Alternative provision commissioned directly by schools are now being asked to provide evidence regarding quality and QA process in place.

23. Recent coordination of recruitment has had some positive impact on staffing with numbers of permanent staffing increasing and a lower number of vacant posts. The vacancy rate in August 2020 was 9.1% compared with 16.4% in March 2020.
24. Full detail on the work being undertaken on all areas is contained in Appendix A and reports the progress being made both against implementation and against impact. All amber areas are evidencing progress with the trajectory to meet the outcome on track; these are primarily focused on embedding and evidencing impact. Given the impact of Covid 19 all areas are likely to have more focused pace of work in Q3 and Q4 alongside recovery planning.
25. Progress of the CIP is reviewed regularly by the Extended Senior Management team, chaired by the Assistant Director. All amber areas are regularly reviewed by the lead Head of Service and actions and pace of impact are analysed in senior management meetings with Service Managers disseminating to their teams. All Heads of Service have completed a Story Board against each area of the CIP to evidence work undertaken and impact and these are reviewed quarterly. Service Delivery plans are also aligned to the CIP to ensure consistency and drive of change by managers.

Amber Areas

26. The key areas of work being undertaken in the Amber areas is summarised. A review of the Children and Family Wellbeing Service Assessments has been completed, the assessment will follow Sign of Safety methodology and will ensure consistency across Children's Social Care and Children and Family Wellbeing Service assessments. This structured Early Help assessment will better inform interventions for children and families and allow better data to understand the impact of interventions for helping children.
27. There have been focused pieces of work on plans in service areas and the overarching Planning Campaign provides focus on four areas of improvement - SMART Planning, Safety Planning, Child at the Centre and driving the plan. Delivery of messages has been consistent during Q1 and Q2 activity utilising virtual learning sessions since March 2020. Most recent audit work is identifying some improvement in impact of plans.
28. A review of the Children's Decision-Making panel (CDM) is underway with consultation with Service Managers and frontline staff to re-design the CDM review process. The business case from this consultation is due to be presented to Senior Management Team by 30th November. The changes will improve consistency in the process and increased robust oversight of decisions and plans in line with the Signs of Safety approach.
29. A further strand of the Recruitment and Retention strategy is focused on staff retention and work to commission and implement trauma informed support to staff is well advanced with a launch planned for Q3/4. This aims to sustain resilience in the organisation and address staff turnover.

30. Research in Practice (RIP) are offering the third wave of the practice Supervisor development programme. The focus is on developing reflective, curious and relational supervision practice. Research in Practice will also be providing a middle leaders development programme in the Autumn of 2020 which all front line and senior managers in the service are required to attend. This aims to bring further impact of front-line manager oversight to case progression and staff support.
31. Work is ongoing to ensure the system and process (especially the new suite of Signs of Safety style forms and group working) are aligned with practice and provide improved functionality to underpin efficient recording and free up practitioner time (avoid duplication of data entry). This work stream will continue during Q3 and Q4 with the launch of service wide forms and workflows in Mosaic (by April 2021).
32. A task group focused on implementing writing all case records and documents to the child will continue to review the launch of wider implementation in October 2020. The launch has been supported by guidance and examples provided to staff and virtual learning sessions are planned for October and November. Progress will be reviewed in November with full implementation by December 2020 linked to expectations within future audit processes in Q4.
33. Work with Independent Reviewing Officers (IRO) continues to ensure their role is well embedded to provide key oversight to both child protection and children in care plans. Development of multi-agency standards for child protection are being implemented by the unit during Q3 and aim to raise consistent impact of multi-agency contributions to Child protection plans. Review of Arrangements meetings have key expectations in respect of explicit recording of permanence decisions and actions so that drift is avoided.
34. Mosaic development in Q1 and Q2 has meant the quality assurance function of the IRO is now embedded into the recording system and allows clearer measurement and identification of improvement themes emerging whilst providing details of areas of strength.

These reports, likely to be implemented for Q4, will provide case specific detail of the action required to bring consistency to practice in respect of planning.

Challenges to progress

35. At the last update, it was reported that whilst progress on the action plan is good, recruitment and retention of social workers remained a key area of challenge. Staff turnover, delays in getting permanent staff into post and over reliance on agency staff was putting additional pressures on service areas. For this reason, the Recruitment and Retention strategy has been a key focus over the last 12 months.
36. The majority of the actions initially set out have been achieved. In response, the service now needs to focus on what will make a difference and improve on the positive progress already made. Actions / progress during 2020 include:

37. An assessment day model was piloted in July 2020. This went well and gave a good rounded picture of candidates. Materials from the pilot have been further developed following feedback. Psychometric testing and group exercises are being planned for future recruitment assessment days; it was not possible to do this for the pilot as the day was undertaken virtually due to Covid19. This has led to a reduction in vacancies from 45 posts in March 2020 to 25 posts in August 2020.
38. A Social Work Organisational Resilience Diagnostic (SWORD) survey to gather staff wellbeing feedback was launched at the end of September 2020 which will help the service to understand, build and sustain resilience in the organisation.
39. The coronavirus pandemic has created additional pressure and challenge for Leicestershire County Council and for many of the key areas this has delayed progress, especially with regard to system and reporting developments (for example the development of permanence steps in mosaic and reportable performance indicators). The service has adapted and changed the way it has delivered services to reflect current circumstances and dealt with the additional pressures presented by the local lockdown in Leicester and some areas of Leicestershire since July. It has prioritised ensuring children and young people across Leicestershire continued to receive the services and support that they need and continue to be effectively safeguarded during this pandemic based on a consistent Covid-19 risk assessment process.
40. There has been some success in reducing Senior Practitioner caseload pressures in some teams, but this remains an issue, particularly in the Locality teams which have been impacted upon by sickness and absence rates, as well as increasing child protection and complex Public Law Order cases since the start of lockdown, delays in completing court matters due to Covid-19, impact on hearings and court processes.

Consultations

41. The Road to Excellence is a departmental continuous improvement plan so has naturally included a wide range of Children and Family Services staff in its development. Engagement with partner agencies has primarily been through the Local Safeguarding Children Board where partners have fed in their views of the Plan.

Resource Implications

42. Resource implications of responding to the Ofsted inspection have already been agreed through the growth bid.

Timetable for decisions

43. Not applicable.

Conclusion

44. The Committee is asked to consider the progress made against the Ofsted Continuous Improvement Action Plan.

Background Papers

The Ofsted report: Leicestershire Inspection of services for children in need of help and protection, children looked after and care leavers. November to December 2016

<https://files.ofsted.gov.uk/v1/file/50004360>

The Ofsted report: Inspection of Children's Social Care Services: September – October 2019

<https://files.api.ofsted.gov.uk/v1/file/50121477>

The Road to Excellence (Plan on a Page)

http://www.proceduresonline.com/llr/childcare/leicestershire/user_controlled_lcms_area/uploaded_files/1.05.03%20Plan%20on%20a%20page.ppt

Circulation under the Local Issues Alert Procedure

45. None

Equality and Human Rights Implications

46. Responding to the findings of the Ofsted inspection will improve services for all groups of children and families.

List of Appendices

Appendix A – Progress against the Ofsted recommendations as part of the Ofsted Continuous Improvement Action Plan 2017-2020 – The Road to Excellence

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Progress against Ofsted recommendations as part of the continuous improvement action plan 2017-2020- The Road to Excellence.
Update October 2020

Ref.	Ofsted Recommendation	Progress on implementation	Progress on impact	Targets	Outturn Performance 2018/19	Performance Q2 19/20 or by month	Performance Q2 20/21 or by month	Target March 2020	Target March 2021	Evidence of Completion or Evidence of Progress by October 2020	Further Actions in progress	Lead Officer for further actions
2019 1.	The timeliness of assessment and help for children who are not identified as being at immediate risk of significant harm but who live with the impact of cumulative risk and harm	G	A	<p>Where children are not at risk of immediate harm, they receive a timely response and do not experience delay in receiving help.</p> <p>Measures</p> <p>Timeliness of assessments to be consistently good across all teams / areas. % completed within 45 working days</p> <p>Children seen within 5 days from referral</p> <p>*proportion of assessments (between 5 – 10% will be for children unborn therefore not be seen.</p>	<p>2018/19 66.3%</p> <p>March 2019 – 25.4%</p>	<p>October 2019 90.1% avg. Teams range from 52.9% to 92.4%</p> <p>October 2019 35.4%</p>	<p>September 2020 94% avg. Teams range from 71.4% to 97.2%</p> <p>September 2020 64.8%</p>	At least 85% all teams	At least 95% all teams	<p>Throughout 2020 steady improvements have been made in assessment timeliness across all teams. This continues to be monitored by managers via monthly performance meetings chaired by AD. The quality of assessments is also an improving picture with the most recent audit evidencing 87% of cases audited had assessment quality graded as good or above.</p> <p>Work on CFWS Triage has advanced – tableau is now able to report separately on CFWS screening times. CFWS are now working in live time & using the same 3-day timescale to monitor performance as FRCD. During Sept20 97% of contacts were resolved within 3 working days in CFWS. Work has been completed in Sept 2020 to look at an integrated approach to the screening process across CFWS and First Response (FR). It is proposed that 2 new roles are created in CFWS to mirror the FR screening process and provide closer oversight and management of CFWS Screening by December 2020</p> <p>Tableau report on child seen now developed to 5 working days to assist managers to monitor first visit to child. This is an improving picture and is being continually monitored by managers via the monthly performance meeting.</p> <p>A pilot has taken place with CFWS staff in domestic abuse hub to strengthen pathway into CFWS services for domestic abuse cases. The impact of this has been that more cases are being identified for CFWS services than previously. Evidence of taking the right action at the right time for children and families.</p> <p>FRCD are now completing the CIN plan and attending the first CIN review to strengthen transfer of work. This means that children experience a smooth transfer of responsibility and clear ownership of the plan with families at the heart of the transfer process. Work is ongoing to embed this practice across all localities.</p>	<p>Further work is ongoing on consistent understanding of thresholds for Children in Need across FRCD and localities. Evidence of this work embedded by January 2021.</p> <p>Work continues to take place to strengthen the core offer for Children in Need. This is to be a key pathway of work with Newton Europe. A proposal is to be in place by March 2021.</p> <p>Managers within FRCD continue to drive the timeliness of work from screening to assessment to ensure that children are seen within 5 days from referral. Work to be concluded by January 2021</p> <p>Review of CFWS assessments has been completed and work is currently underway to develop the form/steps in Mosaic. The assessment follows SoFS & ensures consistency across CSC & EH assessments. The assessment has been designed to be applicable to all areas of EH from Youth work to 0-2 pathway work. Developments to mosaic have been delayed due to COVID but still on target to be completed by January 2021 with the EH assessment to be embedded in practice throughout targeted EH services by March 2021.</p> <p>Production of a clear communication plan for the CFWS offer that is tailored to key audiences (staff, partners and families) and strengthening of partnership working across CFWS to be released by December 2020</p> <p>New ways of working are being introduced in EH localities which are seeing reductions in timescales of offer to families from Early Help services.</p> <p>An audit has been completed in July 2020 to better understand waiting times / delay for children and families waiting for CFWS services. Audit has demonstrated areas for improvement which CFWS are working through via an action plan and a briefing has been delivered to staff and managers with next steps.</p>	<p>Head of Service Safeguarding and Improvement & Head of Service Early Help</p>

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2019 2.	The timeliness of work to secure positive change for children during the pre-proceedings stage of the Public Law Outline	G	A	<p>Children and families are supported to remain at home where this is not possible decisions re legal permanency are made in a timely way with records that capture decisions that reflect the child's journey</p> <p>Measures</p> <p>Pre proceedings process do not exceed 6 months and recorded evidence clear on work completed to support with step down and step up to care proceedings</p>	<p>Q4 2018/19</p> <p>Pre-proceedings average length (open) 29 wks</p>	<p>Q1 2019/20</p> <p>Pre-proceedings average length (open) 28.7</p>	<p>Q1 2020/21</p> <p>Pre-proceedings average length (open) 16</p>	20 weeks (pre-proceedings)	18-20 weeks (pre-proceedings)	<p>We are continuing to see the benefits of the revised tracker and process e.g. closer oversight of cases, tracking of pre-proceedings letters before actions and meetings and improved timeliness. Timescales for the duration of pre-proceedings are steadily reducing and are currently below our target for March 2021 evidencing the impact of the progress.</p> <p>Mosaic developments to enable tracking and oversight of cases via Mosaic and Tableau have now gone live and will support improved performance reporting and tracking of these cases to prevent drift and delay.</p> <p>As part of Public Law Outline workstream a pre-birth assessment guide has been created and was launched in early June 2020 to support early care planning decisions based on robust evidence-based assessments.</p> <p>Leicestershire Family Justice Board recognise a significant improvement in the preparedness and quality of the Local Authority in issuing Care Proceedings. Her Majesties Courts & Tribunal Services (HMCTS) acknowledge that the quality of cases being issued by LCC in general are appropriate, timely and proportionate. Indicating that LCC are making the right decisions at the right time for children.</p> <p>Covid 19 restrictions have had an impact on the court availability and therefore timeliness of court proceedings. This is a nationwide issue and there are clear lines of communication with LFJB to ensure joint working to support recovery planning and improvement.</p>	<p>Review of CDM is underway with consultation with SMs and frontline staff to re-design CDM review process. This is aimed to conclude by November 2020.</p> <p>Further work is planned around quality of work in pre-proceedings which can in part be picked up during the PLO thematic audit which is concluded in October 2020. The report on findings from the audit will be available and brought to SMT in November 2020</p> <p>Work to develop dashboards and tableau reporting of Pre-proceedings steps, we are working towards go live in January 2021.</p> <p>Leicestershire is involved in the pilot to introduce Family Group Conference (FGC) in PLO process and this has gone live in October 2020 – randomised trial to provide evidence of a strengthened approach within the PLO process. This has been delayed due to CV-19 impact. – and there are some barriers as FGC has to happen face to face. Solutions are being considered.</p>	Head of Service Fieldwork
2019 3.	The quality and consistency of social work practice in care planning, including the quality of supervision and oversight to prevent unnecessary drift and delay for children.	G	A	<p>Plans are focused on achieving timely outcomes for children and young people, informed by a robust assessment of need and driven by systematic and high-quality management oversight & reflective supervision</p> <p>Supervision records evidence robust management oversight and clear timescales for actions that lead to plans for children being progressed in a timely</p>						<p>Planning campaign began in November 2019 and practice leaders for each team are identified, and activity is supported by Practice Excellence Team. Progress has been impacted upon due to the restrictions in place due to Covid 19. Learning via the Virtual learning offer started week beginning 4 May 2020 and included sessions to support the planning campaign during the Covid19 pandemic – responses have been good and numbers of staff joining virtual sessions are positive. Virtual learning sessions will continue moving forward due to the successful engagement.</p> <p>Bespoke SofS sessions with SofS consultant Jo Radcliffe, delivered to IROs to ensure SMART and SofS compliant plans, and ensure IRO QA role is strong. This is supported with the Quality Assurance escalation process having been developed in mosaic to support an improved overview of themes and</p>	<p>SWORD survey was launched at end Sept 2020 which will help is to understand, build and sustain resilience in our organisation.</p> <p>In Nov 2020, RIP is offering the third wave of the practice Supervisor development programme to 9 team managers. The focus is on developing reflective, curious and relational supervision practice. This training had been delayed due to Covid 19.</p> <p>Aspiring Managers course will run from Sept – Dec 2020 aimed at SPs and those aspiring to become managers in the next 12 months.</p> <p>Consultation with staff and care leavers re new pathway plan format has been completed and work is underway to release a new pathway plan template. This will be released in November 2020</p>	Principle Social Worker

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				<p>way.</p> <p>Measures Routine audit shows consistent application of thresholds, improved quality of assessment and care planning and strong management oversight to all stages of a child's journey.</p> <p><i>Outcomes of case file audits:</i></p> <p>Assessment</p> <p>Planning</p> <p>Management oversight</p> <p>Performance reports show good performance in frequency of supervisions.</p> <p><i>Performance show care plans are completed and updated routinely.</i></p> <p>Under 16 CiC with plan in last 6 months (%)</p> <p>16 + CiC with pathway plan in last 6 months (%)</p> <p>Reduction in timeframes for care proceedings</p>	<p>2018/19 all thematic audits. % grade good or above</p> <p>36%</p> <p>44%</p> <p>47%</p> <p>2018 - 75% average</p> <p>18/19 64.9%</p> <p>18/19 82.5%</p>	<p>Q2 19/20 Impact thematic audit % grade good or above</p> <p>73%</p> <p>82%</p> <p>55%</p> <p>77% average (Apr - Sept 19)</p> <p>Oct19 – 73.6%</p> <p>Oct19 – 73.8%</p> <p>Latest 44.2 weeks July-Sept19(LLR)</p>	<p>Q1 20/21 Permanence thematic audit % good or above</p> <p>87%</p> <p>80%</p> <p>53%</p> <p>88% average (Mar – Aug 20)</p> <p>Sept20 All plans – 75.2%</p> <p>Q1 20/21 33 weeks (leics)</p>	<p>80%</p> <p>80%</p> <p>80%</p> <p>83%</p> <p>85%</p> <p>85%</p> <p>40 weeks</p>	<p>90%</p> <p>90%</p> <p>90%</p> <p>83%</p> <p>100%</p> <p>100%</p> <p>26 weeks</p>	<p>patterns.</p> <p>IRO Manager's complete a 6-monthly audit on quality of plans coming out of conference and ROAs. IROs complete twice yearly peer reviews to further increase their learning and development. (during 2020 due to Covid only 1 peer review has taken place.)</p> <p>Work has been completed re QA of care plans in Children in Care teams which has resulted a higher level of consistency. This means that each section of the care plan is completed reflecting on concerns, voice of child and carers, scaling and identification of appropriate actions with timescales.</p> <p>Thematic audit in July 2020 evidenced that 93% of cases had their plan reviewed within appropriate timescales, 93% of cases also evidenced the plan had been developed with the family network, the child and other relevant professionals. 79% of cases evidenced SMART actions and named leads for actions ensuring timescales were clear.</p> <p>Work on supervision has been completed in partnership with Barnado's. View is that guidance, information and training around supervision is good but there needs to be more consistency in use of tools/templates. Further work to consider ICT solutions to support recording supervision and support to staff to utilise the guidance, training and use of correct templates/forms.</p> <p>There is a mechanism in place to capture supervision returns to establish frequency is in alignment with policy. Returns have seen improvement since March 2020 with returns at 90% of staff each month receiving SV. Since August 2020 Early Help teams have been included in SV analysis.</p>	<p>Dip/sample audit of supervision has been completed in early October 2019. A repeat audit is planned for November 2020.</p>	

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2019 4.	The quality of case recording to enable new workers to more easily understand a child's history and circumstances.	A	A	<p>Records being meaningful for children and focus on the child's story</p> <p>Quality of recording is improved</p> <p>Chronologies & Genograms are kept up to date</p> <p>Measures</p> <p>Reduction in number of complaints regarding recording inaccuracies</p> <p>Performance/audits demonstrates that all cases have an up to date chronology</p> <p>Audit demonstrates that all cases have a detailed, up to date genogram</p>	not measured	<p>Q1 2019/20 10%</p> <p>17%</p>	<p>2019 report – reduction</p> <p>Audit Q1 20/21 33%</p> <p>57%</p>	80%	100%	<p>3-month case summary guidance has now been produced (Apr2020) and all Social Workers were asked to write this for their open cases by end May 2020. Each case summary will summarise 'These are the important things that have happened in your life in the last three months' and will be written to the child.</p> <p>Thematic audit in July 2020 evidenced that for 70% of cases it was clear the quality of recording made it easy to understand why decisions are made, who was involved and when they were made</p> <p>Group working has begun to be introduced into Mosaic via the SIGNS OF SAFETY Mosaic development group. This will enable better recording of individual need and circumstances for each child avoiding duplication for workers inputting this. 1st phase of forms (contact & referral + Assessment) has gone live with group working function. (August 2020) Early feedback on new forms suggest these take workers through a more consistent SIGNS OF SAFETY approach in practice. There has been a delay in full implementation of group working and we are being supported by Servelec to complete a health check to ensure implementation of an effective end to end process.</p> <p>The delay in the full implementation of SIGNS OF SAFETY mosaic has informed the decision to keep both the progress and impact RAG as cautiously Amber as we recognise the areas for continued development whilst recognising the significant progress made in ensuring case records support us understanding a child's journey.</p> <p>A new chronology form has been agreed as part of the new suite of forms aligned with SIGNS OF SAFETY, to reduce duplication and comply with court requirements. New process will also enable better tracking and oversight of chronologies potentially through Tableau. This is being utilised in FRCD where the new Child and Family Assessment has been implemented. Impact will be greater with full implementation of group working.</p> <p>In First response, since February 2020, it has been agreed that cases do not close or transfer without a chronology present. All cases can now not transfer between teams without an up to date chronology (Aug2020)</p> <p>LLR Recording policy has been updated on Tri-ex with updates to reflect writing to the child and includes use of 3 monthly updates.</p> <p>Recording now forms part of the thematic audit process to measure impact of work on recording that has taken place – new form from June 2020</p> <p>Managers increased access to Tableau reports are quickly highlighting performance and data inaccuracy as reports are 'live'. Support available to rectify problems within Mosaic. Delays in recording are therefore addressed appropriately.</p>	<p>'Writing records to the child' methods have been piloted in IRO service and Children in Care. Feedback has been overwhelmingly positive. Further work is required to look at how we roll out the approach based on learning across staff using this method currently and develop standards / approach to ensure consistency (end June 2020) A task and finish group created guidance and examples for staff; the initial implementation of writing records to the child was launched in Oct 2020 with full implementation by Dec 2020.</p> <p>A number of virtual learning sessions have taken place in October 2020 to support staff in writing records to the child.</p> <p>Audit of use of 3-month case summary to be completed by end of December 2020</p> <p>Work is ongoing to ensure system and process (especially new suite of SIGNS OF SAFETY style forms and group working) are aligned with practice and more efficient (e.g. avoid duplication of data entry). Continue work to complete the launch of forms and workflows in Mosaic (by April 2021)</p> <p>New transfer procedure to be signed of by December 2020 which should include reference to recording standards prior to any transfer including chronology and genogram and updates to the child being up to date.</p> <p>Virtual working has brought improvement in use of technology and wider use of electronic engagement with children and families with creative ways to use apps and virtual contact. We will further explore use of technology such as teams transcribe to support minuting of meetings for example.</p> <p>We will do a further audit on use of chronologies and genograms once forms are embedded (Q4 20/21)</p>	Head of Service Safeguarding and Improvement

Ref.	Ofsted Recommendation	Progress on implementation	Progress on impact	Targets	Outturn Performance 2018/19	Performance Q2 19/20 or by month	Performance Q2 20/21 or by month	Target March 2020	Target March 2021	Evidence of Completion or Evidence of Progress by October 2020	Further Actions in progress	Lead Officer for further actions
2019 5.	Planning for permanence for children whose plan is not adoption	A	A	<p>Children benefit from having absolute certainty about their living arrangements at the earliest opportunity. Robust management oversight and consistent challenge from IROs reduces drift and delay for children achieving permanence through long-term fostering or SGOs.</p> <p>% of looked after children who have had at least their second review with a permanence plan identified currently.</p> <p><small>^In October 2019 work was undertaken on children where a permanence plan had not yet been agreed for children who have had at least their second review. In many cases this was a data entry/quality issue resulting increasing from 85% to 98%. At present we cannot repeat this exercise due to an issue with our datafile reporting we are working to correct.</small></p>	n/a	October 2019 98%	*	95%	95%	<p>Permanency audit/review completed in Oct19. Recommendations included system developments to record permanency decision, these are planned but currently delayed due to COVID19. Delays mean we have been unable to develop our children with permanence indicators. At present the chair of the panel continues to monitor those children without permanence decisions, ensuring they are scheduled onto panel for update.</p> <p>We measure permanence by the number of our children in care that have a permanence plan agreed in a Review of Arrangement (98%). There is ongoing work to improve the number of children where this decision is made early in their care planning journey and the goal is by their second review of arrangement. This is impacted by the complexity of cases and the delays in court which have increased due to Covid 19.</p> <p>Headlines evidencing impact: In the permanence thematic audit completed in May 2020, 87% (26 out of 30 cases) have been graded as “meets good” or above.</p> <p>83% (25 out of 30) cases showed that legal permanence has been achieved and out of these 25 cases, 79% (19) showed that emotional permanence had been achieved.</p> <p>87% (26 out of 30 cases) show evidence of clear decision making around permanence being considered at the early stage of engagement with the family and agencies.</p> <p>90% (27 out of 30 cases) demonstrated the child understood their story and felt secure and supported in their placement.</p> <p>Paperwork for Permanence panel has been revised, with a greater focus on quality assurance of the matching meeting. Panel is seeing better quality work and consideration of child’s need now and in the future with the carer’s skill, experience and training.</p> <p>Staying Put numbers have increased significantly. We have 34 young people staying put in their foster homes, compared with 17 earlier this year and 6 young people back in 2016. The number of PwP has increased as result of older children returning home (planned moves).</p> <p>Head of Service CiC undertakes twice yearly Placement with Parent audits which focuses on challenge and reducing drift/delay. The progress against this action is evidenced by the numbers achieving matching permanence and the recent audit results. Cautiously remaining Amber due to the delay in development of more intuitive performance</p>	<p>There is some confusion around the role of permanence panel, some training/guidance via a presentation is being rolled out to ASYEs and then will be rolled out wider via virtual Learning Sessions (PET team).</p> <p>Work with IROs underway to ensure Review of Arrangements meetings are explicit in recording permanence decisions and actions and ensuring the quality assurance role of IROs to ensure challenge and robust oversight of permanency planning to prevent drift / delay</p> <p>Improvement activity identified through SDQ audit: 9 of 34 - there are issues of the indicated the SDQ guidance was not followed, there was delay in social worker response to SDQ, CAMHS not engaged and insufficient management oversight of emotional wellbeing. Actions have been identified to address practice with individual SWs and to promote understanding across the service</p>	Head of Service Children in Care

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										<p>reporting against matching permanence.</p> <p>Life story worker is now in place with evidence of the impact on positive matching to adoption and emotional wellbeing.</p> <p>We have introduced a new worker and role in June 2020 with a dedicated focus on helping children whose care plan is permanent fostering but who do not yet have a permanent long-term fostering home identified. So far, the worker has supported /matched a young person into their permanent long-term home with positive feedback from professionals about the impact this has had on the young person.</p> <p>3 revocations of Care Orders were achieved between February 2020 and April 20. A further 3 were planned but delayed due to COVID19 affecting court availability</p>		
2019 6.	Monitoring the quality and appropriateness of alternative education provision for children in care.	G	G	<p>Sufficient oversight of the quality of education provided in non-registered alternative provision.</p> <p>Measures</p> <p>Tracking of progress of pupils in alternative provision demonstrates equal or better progress than they would receive in mainstream school.</p> <p>All providers are clear about expectations and responsibilities with the result that very few placements fail.</p>						<p>Quality assurance process for alternative provision has now been agreed through the Secondary Heads meeting and has now been implemented. Alternative provision commissioned directly are now being asked to provide evidence regarding quality.</p> <p>Virtual school are now recording oversight on each child's record regarding oversight of education in unregulated placements.</p> <p>Unregulated placements directly commissioned via schools – we are now requesting monitoring and evidence regards to QA process they have put into place prior to commissioning those placements. From start of this term will be challenging schools where children in AP. School head teachers have accepted the procedures and schools will expect the challenge from the VS where AP is commissioned direct by schools.</p> <p>So far (Sept 2020) there are no Leicestershire LAC attending AP commissioned direct by schools</p> <p>To support emotional wellbeing the VS promoted additional activities that LAC could do safely in lockdown.</p>	<p>We still have a gap where schools commission themselves, this is being actioned and is an ongoing conversation with schools with schools being contacted to ensure the expectations for any commissioned alternative provision is clear, what the expectations are re QA, monitoring the quality of provision and monitoring / reporting QA going forward. It is also raised at PEPs when children are in alternative provision.</p> <p>Participation activities were halted during 2020 due to lockdown. We held some activities during the October half term break including remote activities such as paint club online and those arranged with Museum Services ('Terrible Tales'). We are currently looking at the feedback gathered from the children and young people who attended these activities. We inform head teachers of when a child has taken place in a VS activity and the PEP now has a section re virtual school activities and schools and DTs are encouraged to discuss the positives of these experiences with the pupil, outcomes recorded on PEP.</p>	<p>Head of Service Children in Care</p> <p>Virtual School Head</p>