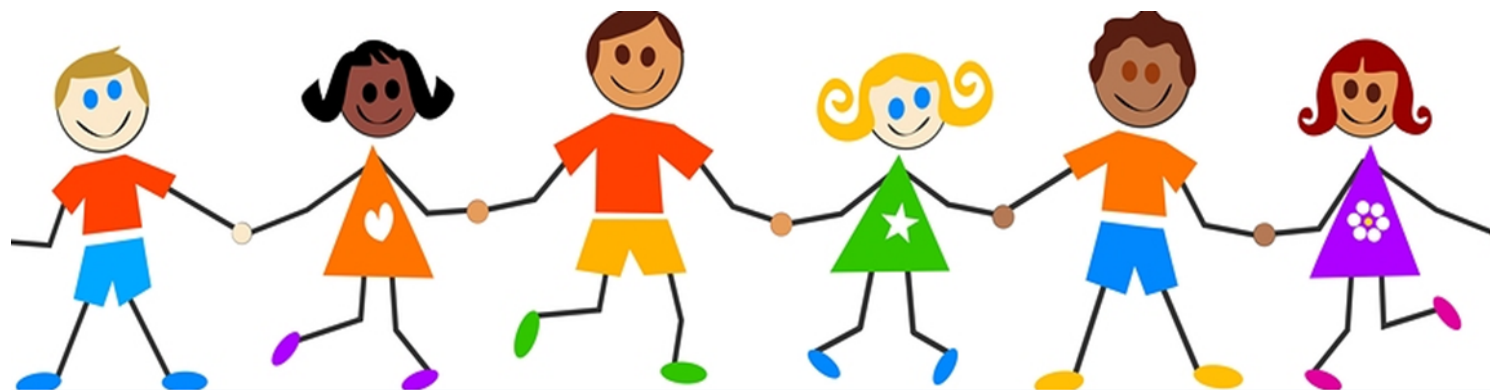


Sefton MBC

Children's Services

Draft Improvement Action Plan

202017-18



Foreword

One year on intro update

.Welcome to our Children and Young People's Improvement Plan 2017 – 2018. This plan sets out how we will ensure that outcomes for children and young people in Sefton continue to improve and we achieve our aspiration that all our services for children and young people are good or better.

We want all children and young people in Sefton to have a positive start in life and to be safe. In order to achieve this we need to continue to find ways to put children and young people at the heart of all our activity and focus on listening to them.

Key areas of focus for 2017-18

The Senior Management Team have met regularly throughout 2016 and 2017 to review the improvement plan and ensure all staff are aware of the priorities and actions through practice and performance workshops and our practice champions. We have reviewed progress made against the previous plan, alongside performance management information and quality audit findings. The following areas remain a focus of the 2017-18 plan

1. Ensure frontline practice is consistently good, effective and focussed on timely, measureable outcomes for children.

1.1 Assessment and Planning

1.2 Voice of child and understanding the daily live experience

1.3 Looked After Children and Care Leavers

2. To improve management oversight at all levels to ensure effective services for children and young people and that frontline staff receive good quality supervision.

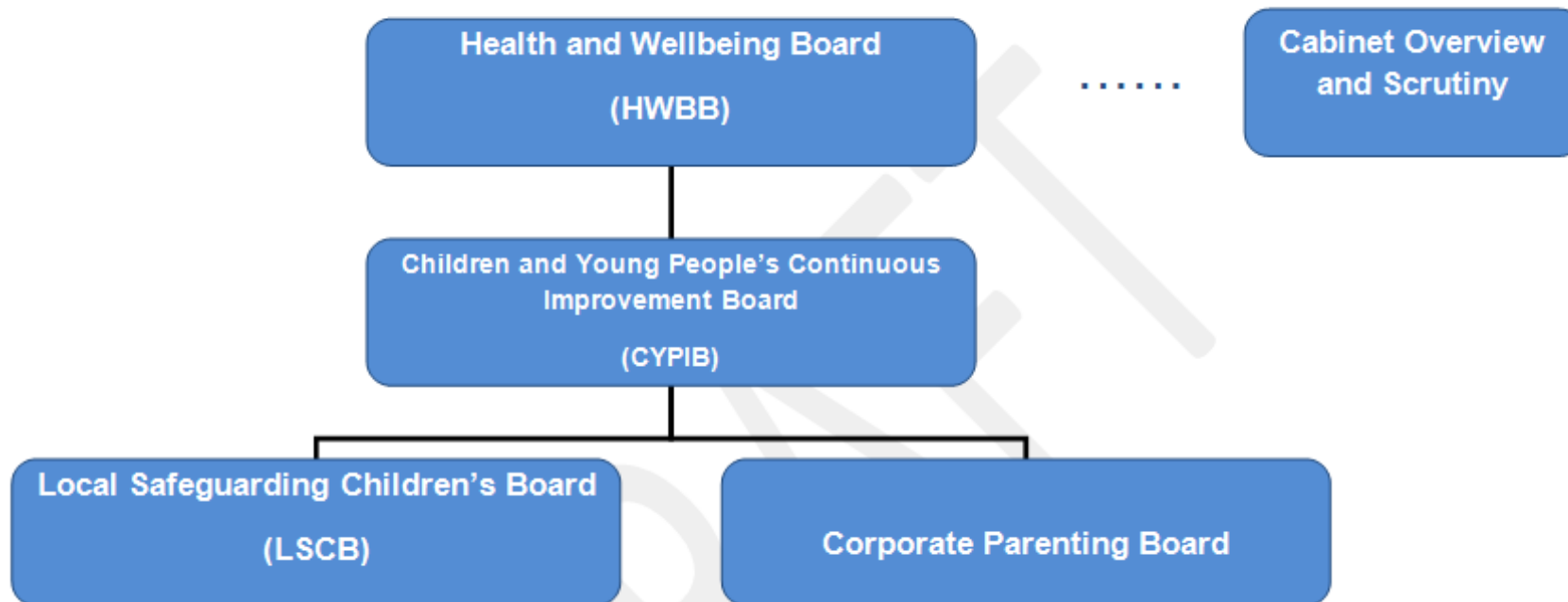
3. Ensure that frontline services are sufficiently resourced and the workforce appropriately skilled to enable high quality work to be undertaken with children and young people.

We are committed to embedding a culture of continuous learning, support and challenge. Our staff are passionate and committed and they are key to driving this improvement.

The plan addresses our areas for improvement building on the recommendations from the Ofsted inspection in April 2016 and the action plan that

was developed. The wider plans for Children's services are contained within the Children and Young People's Plan 2015 – 2020, The LSCB Business Plan, The LSCB Improvement Plan, the Health and Wellbeing Strategy and the Corporate Parenting Strategy. In addition the plan aligns with Sefton Borough Councils 2030 vision and Framework for change.

The plan is focussed on activity to continually improve services. The plan will evolve over time in response to feedback from children, young people, partners, staff and external review and challenge. Our plan will be regularly reviewed and scrutinised, with the help of our children and young people, to ensure we are achieving the desired impact we need for children and young people to reach their full potential, through the following Governance Arrangement.



Recommendation	1.1 Front Line Practice – Assessment and Planning
Our ambition (what ‘good’ looks like)	<ul style="list-style-type: none"> • For children who need help and protection, assessments (including common or early help assessments) are timely, proportionate to risk, and informed by research and by the historical context and significant events for each case • Assessments¹ (including children in need assessments) result in a direct offer of help to address any identified needs • Assessments and plans are dynamic and change in the light of emerging issues and risks • Viability assessments of members of the family are carried out promptly to a good standard and sequential assessments are avoided • Children who are looked after benefit from assessments that are routinely updated in response to a change in circumstances or changing need • Information from specialist workers, such as substance misuse workers and mental health professionals, is used to inform assessments where relevant factors are present • Assessment and subsequent planning for children and young people is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation • All plans are SMART – specific, measurable, attainable, realistic and time limited, and outcome focused • Plans are based on individual needs of children and young people and their family • Contingency plans are in place to mitigate risk and protect children and young people • There is a clear process for assessing whether the outcomes in the plan have been achieved, which is understood by all parties: children, young people, parents, carers, and all agencies • Progress against the plan is robustly monitored and the action taken is timely and results in improved outcomes • The sustainability of changes is fully considered and appropriate support and contingency plans are in place to support families to maintain changes • Pathway planning is effective and plans address all young people’s needs in particular education, employment and training and are updated as circumstances change • Plans, Social Work Reports and Case Records are kept up to date and are clear and concise • All children benefit from good robust plans regardless of where they are placed • Children and young people who are privately fostered are identified by the local authority, in conjunction with partners • Once they are identified, Sefton discharges in full its statutory responsibility to ensure that they are safe and that their health and well-being are properly promoted • Workforce and partnership all have a clear understanding of what Private Fostering is and our statutory duty • All young people aged 16 or 2017 who present as homeless to be assessed in accordance with statutory guidelines within 10 working days • All such assessments explore the wishes of the young person in relation to becoming a looked after child and the need for this measure • Appropriate risk assessment and management to be put in place for all young people who present as homeless and require emergency accommodation • Continue to provide a range of good quality accommodation

¹Assessments and local protocols for assessments should be in line with *working together to safeguard children*.

- Care plans are regularly reviewed to ensure that the child or young person's current and developing needs continue to be met
- Care plans for Looked After Children are updated within 10 days of the review

WHAT WE WILL DO TO DEVELOP CONSISTENTLY GOOD PRACTICE

Ref	Action	Progress / Review Date	Lead	Update Commentary
1.1.1	Ensure all training to front line workers and managers covers analysis, planning, and recording, use of chronology and risk assessment to embed consistently good practice.	Oct 2017	Vicky Buchanan, Head of Service	This work is ongoing. MW to update on training offer in response to latest audit findings SMT October 202017
1.1.2	We assess impact of learning through quality audit, supervision audit and a bi annual staff survey regarding training offer.	Oct 2017	Sarah Hodgson, Quality Assurance Manager	Survey has been designed and will be implemented by end of sept. Supervision completed and demonstrated improvement.
1.1.3	Continue to ensure Practice and Performance (P&P) Workshops address key themes that emerge through audit, promote what good looks like and engage practitioners in solutions. Continue to deliver you said we did messages at P&P workshops.	Ongoing	Vicky Buchanan, Head of Service	Continue to be held quarterly with positive feedback from staff.
1.1.4	Pilot Focus on Practice Week, evaluate effectiveness and outcomes and implement learning modelling good practice to workforce	Dec 2017	Sarah Hodgson, Quality Assurance Manager	Focus on Practice week completed. Learning to be shared and discussed at September P&P workshop. Review learning SMT Dec 2017
1.1.5	Develop Practice Standards further including a quick reference version and to include a focus on permanence planning including Adoption and Early Help.	Dec 2017	Sarah Hodgson Quality Assurance Manager	Quick Reference version has been completed, SH to work with PY to weave permanency and adoption into practice standards.
1.1.6	Organise Peer review in early 2018 to evaluate improvement since Ofsted Inspection	Dec 202017	Vicky Buchanan, Head of Service	Peer review set up meeting Nov 2017 with a plan to undertake in Spring 18 allowing new structure to bed in.

Ref	Action	Progress / Review Date	Lead	Update Commentary
1.1.7	Implement a new assessment and plan in the child's record that supports higher quality recorded assessments and plans including Pathway Plans.	Oct 2017	Trish Galloway, Service Manager	Assessment and plan have been redesigned and a business Case has been submitted to Avarto Review progress in October SMT.
1.1.8	Maintain focus on good quality recording on the child's record through audit, through training, through practice and performance workshops and by better enabling workforce through roll out of mobile working.	Dec 2017	Sarah Hodgson, Quality Assurance Manager	Review progress following next quarterly audit.
1.1.9	Ensure are children are safe and the majority are being seen within 5 days of the referral through performance management using daily performance management reports.	Oct 2017	Trish Galloway, Service Manager	This will be a focus with TM's in next performance meeting at Sept end.
1.1.10	Ensure that policies and procedures are adhered to in every day practice through reference in MoS, promotion through P&P workshops, Focus on Practice Week, 7-minute briefings, and Yammer.	Oct 2017	Sarah Hodgson, Quality Assurance Manager	Publish the 7 minute briefings with links to policies and procedures. SH check with comms on traffic / usage of intranet site.
1.1.12	Continue to roll out the electronic Early Help Module to the wider partnership including schools and commissioned services to ensure consistent recording of Early Help offer.	Oct 2017	Tracy McKeating, Service Manager	Ongoing. TM to update SMT in Oct 202017.
1.1.13	Ensure children at risk of DA are appropriately identified and recording is clear in line with the MARAC protocol.	Dec 2017	Sarah Hodgson, Quality Assurance Manager	The flag has been created and a case note type. SH to select some DA cases in dip sample audit. Audit has been completed and findings sent to SM to action. Re-audit in Nov 202017
1.1.14	Review Early Help action plan developed to better engage families in an early help offer.	Oct 2017	Jacqui Kerr, Service Manager	Action plan in place. JK / TM provide update to October 202017 SMT.
1.1.15	Continue to raise workforce and partnership awareness of Private Fostering and compliance with procedure.	Oct, 2017	Trish Galloway , Safeguarding Service Manager	Annual Report completed and numbers demonstrate a slight increase in numbers. Marketing materials have all been developed and are awaiting I LSCB sign off.

Ref	Action	Progress / Review Date	Lead	Update Commentary
1.1.16	Develop an action plan in relation to the annual young homeless audit that was completed in March 202017.	Dec, 2017	Mark McCausland, Service Manager	Risk Assessment Tool and action plan has been completed. Review data and action plan in Dec 202017.
1.1.2017	Introduce a performance measure to monitor the number and percentage of care plans updated in line with practice standards and national statutory guidelines	Oct 2017	Sarah Hodgson, QA Manager	SH has met with BIP and this reporting is in progress and will form part of the new TM monthly performance dashboard.
1.1.18	Develop performance score card to monitor timeliness of step down/ across process to Early Help to support better performance management	Oct 2017	Sarah Hodgson, QA Manager	As above

HOW WE WILL KNOW OUR PRACTICE IS GOOD?

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of children and young people seen within 10 days of the children and family assessment start date.	Children and young people's views and experiences are considered from the start of the assessment.	65-75	75-84	85+
Percentage of assessments completed within 15 days	The amount of assessments that are completed in a timely way, within Sefton's standard for good practice to drive improvement to timeliness for assessments.	30-39	40-49	50-100
Percentage of assessments completed within 35 days	The amount of assessments that are completed in a timely way.	65-74	75-80	85+
Percentage of assessments completed within 45 days	The amount of assessments that are completed within the national standard for timeliness.	75-80	81-89	90+
Percentage of assessments that are completed as NFA	That assessments are thorough and	40-50	49-25	>24

	that children and families are not subject to multiple assessments in a short period of time, that support is afforded at the earliest opportunity.			
Percentage of assessments audited that meet or exceed good (audit measure)	That the quality of assessments is of a good standard	50-60	61-80	81+
The proportion of Children Looked After (CLA) who have been looked after for over 12 months who have had an assessment completed within the latest 12 month period	That Children Looked After are having their changing needs and circumstances assessed regularly.	50-60	61-80	81+
The proportion of Children with Disabilities subject to CiN for over 12 months who have had an assessment completed within the latest 12 month period	That Children with Disabilities receiving a service from Aiming High have a plan that is based on a current assessment of need.	50-60	61-80	81+
The proportion of CP plans ending that are accompanied by a C & F assessment that has been completed within 3 months of plan ceasing.	That social workers are making informed decision to end the plan using a C&F to assess whether the risk as suitably reduced risk and the child's daily lived experience has improved	50-60	61-80	81+
Percentage of plans meet or exceed good across all service areas (audit measure)	The amount of cases that have SMART plans – so these are clear and measurable, and this indicates they are a good quality, and it should be easy for professionals and families to know what is required, and to measure progress.	65-79	80-89	90-100
Percentage of children and young people with an up to date plan in line with practice standards	The amount of cases that have an up to date plan. This should increase as practice improves.	65-79	80-89	90-100
Percentage of children and young people subject to a child protection plan for a second or subsequent time	The amount of children which have had support from children's social care were there was a high level of concerns, but then need this again at a later date. Demonstrates how well families are able to maintain the changes they have made – a low percentage is an indicator of good performance.	25-20	19-15	<14

Percentage of children seen within 5 and 10 days of the referral	That children are being visited regularly at a minimum in line with statutory timescales and are thus effectively being safeguarded	70-84	85-94	95-100
Percentage of CP review outcome forms completed by IRO that report that the child has been seen within timescales in accordance with the plan	That children are being visited regularly both in statutory timescales and in line with individual requirements	70-84	85-94	95-100
Number of 16/2017 year olds who present as homeless who are progressed to referral	That the Sefton Joint Homeless Protocol is embedded in practice	Increase		
Percentage of 16 and 2017 year olds who presented as homeless who have a C&F completed within 10 working days	That Sefton is compliant with statutory guidance and outcomes are improved for this vulnerable group	70-79	80-89	90-100
Percentage of cases judged as meet or exceed good for assessment and risk (audit measure)	That practice is compliant and to a good standard and that risk is mitigated effectively.	65-79	80-89	90-100
Proportion of care plans completed within 10 days of the LAC review	That Sefton is compliant with practice standards and statutory guidelines and children have up to date high quality care plans	65-79	80-89	90-100
Timeliness of cases stepped down or across to early help from date stepped over to date allocated a Lead Practitioner and first TAF meeting	That children are being effectively safeguarded and risk is mitigated by tight partnership arrangements and working	Increase		
The percentage of cases closed in Early Help in a 12 month period because we have not engaged the family	That families understand and engage with Early Help offer and that parents feel supported and helped.	25-21		
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		

<p>Audits – show that the quality of front line practice is improving across all areas and can be clearly evidenced in records</p>	<p>Survey of families and young people in conjunction with voluntary sector and through Focus on Practice week as well as feedback from MAD group – demonstrate children, young people and parents feel they have received a good service that has helped them. Children, young people and parents report that they are clear on why the plan was in place and how this met their needs.</p>	<p>Practice and Performance Workshops and Supervision – Staff reflect on what support they need to strengthen practice, and that their knowledge or relevant research, policies and procedure is evident</p>
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Recommendation	1.2 Front Line Practice – Voice of the child
<p>Our ambition (what ‘good’ looks like)</p>	<ul style="list-style-type: none"> • The influence of age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation on the identity of the child / young person are considered during assessment and clearly recorded upon the child’s record • Children, young people and families benefit from improved multi-agency interventions and the impact of their feedback is well evidenced through improved performance, quality of practice and increased positive feedback • Prompt action is taken to address areas identified for improvement through analysis of feedback • Frontline staff know what the common themes are from feedback from children, young people and families, what they want services to look like, and how frontline staff can influence and affect this vision • There is evidence of practice and service design that is informed, modified and sustainably improved by feedback about the quality of services and the experiences of children, young people and families who use them across the system • The child’s lived experience is understood and well evidenced in assessments and planning processes and informs decision making • Views of children and young people are routinely used to inform planning • Children and young people are encouraged to and are appropriately involved in meetings and reviews • Children and young people are seen by their social worker alone and understand what is happening to them, their views, wishes and feelings are listened to on visits, captured in written records and used to update planning • Visits to children and young people are viewed as a priority and valued by all staff

WHAT WE WILL DO TO DEVELOP CONSISTENTLY GOOD PRACTICE

Ref	Action	Progress Review Date	Lead	Update Commentary
1.2.1	Present findings from complaints and compliments bi annually in Practice and Performance workshops and complete quarterly reports for All Managers Meeting, Learning, and Development to ensure learning is informing front line practice.	Sept 2017	Sarah Hodgson, Quality Assurance Manager	Present findings in at practice and performance workshop in September.
1.2.3	Communicate the action and learning taken from complaints in a “you said, we did” briefing circulated to service users and staff.	Dec 2017	Sarah Hodgson, Quality Assurance Manager	SH work with Catherine Larkin to further improve complaints report and develop you said we did.
1.2.4	Improve outcomes for children by listening to their feedback through newly designed feedback mechanisms through young advisors and focus on practice week surveys.	Oct 2017	Caroline Watts, Service Manager	CW meeting with young advisors to finalise the actions.
1.2.5	Ensure that staff have access to a suite of direct work tools to support them in work directly with children and young people.	Oct, 2017	Caroline Watts, Service Manager	Maria Melchor has completed. SH to chase up MM and publish on intranet,
1.2.6	Continue to promote importance of recording direct work on child’s record and using it to inform assessments and plans through practice and performance workshops and training	Ongoing	Caroline Watts, Service Manager	Audit demonstrates an improvement, continue to monitor and report on as part of audit.
1.2.7	Continue to embed use of Signs of Safety by developing a 7-minute briefing partnership guide to SoS report writing.	Completed	Kara Haskayne, Service Manager	7 minute briefing has been completed and circulated.
1.2.8	Continue to promote the importance of capturing the child’s lived experience in assessments and planning processes through practice and performance workshops, as a theme in all training delivered and through continued promotion of research in practice via Yammer	Dec 2017	Sarah Hodgson, Quality Assurance Manager	Ongoing. SH is frequently pushing latest research briefings on Yammer and use of Research in Practice. Audit findings have all been fed back to the work force via practice and performance workshop. SH has spoken to Training Unit to incorporate how they have used audit findings to inform training delivery in their annual report.

Ref	Action	Progress Review Date	Lead	Update Commentary
				Review progress Dec 202017.
1.2.9	Building on the strengths of the M.A.D group provide regular report to be developed to CP Board regarding engagement of younger CLA.	Oct 2017	Karen Gray, Participation Officer	Engagement of younger LAC has commenced and M.A.D are working with younger LAC to capture views and experiences. This is now being reported to CP Board.

HOW WE WILL KNOW OUR PRACTICE IS GOOD?

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of statutory visits and CiN visits completed within timescale increases	That children are being visited regularly at a minimum in line with statutory timescales.	70-84	85-94	95-100
Percentage of CP review outcome forms completed by IRO that report that the child has been seen within timescales in accordance with the plan	That children are being visited regularly both in statutory timescales and in line with individual requirements	70-84	85-94	95-100
Percentage of audits that score good or exceed good for diversity (audit measure)	That the impact of diversity on the child / young person's identity is captured in assessments and plans and is clearly recorded	65-79	80-89	90-100
Percentage of audits that meet or exceed good with regards to children benefit from and are appropriately involved in reviews (audit measure)	That children are being listened to and their voice is informing their plan and outcomes	65-79	80-89	90-100
Percentage of audits that meet or exceed good for children and young people and their families are appropriately involved (audit measure)	That children are being listened to and their voice is informing their plan and outcomes	65-79	80-89	90-100
The proportion of all CLA 5 and over who participate in the annual pledge survey	That children, young people are engaged and that they value the help, support, and interventions that they received.	25-33	34-66	67-100

Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff
<p>Audits – show that the quality of front line practice with respect to capturing the child’s voice is improving across all areas and can be clearly evidenced in records</p>	<p>Survey of families and young people in conjunction with voluntary sector and through Focus on Practice week as well as feedback from MAD group – demonstrate children, young people and parents feel they have received a good service that has helped them. Children, young people and parents report that they are clear on why the plan was in place and how this met their needs.</p>	<p>Practice and Performance Workshops and Supervision – Staff reflect on what support they need to strengthen practice, and that their knowledge or relevant research, policies and procedure is evident</p>

Recommendation	1.3 Front Line Practice – LAC and Care Leavers
<p>Our ambition (what ‘good’ looks like)</p>	<ul style="list-style-type: none"> • Decisions to look after children and young people are timely and made only when it is in their best interests. Those decisions are based on clear, effective, comprehensive and risk-based assessments involving other professionals working with the family where appropriate. • There is evidence of the effective use of the Public Law Outline, including letters before proceedings, family group conferences and parallel planning. Care is used only if this is in the child’s best interests. Children and young people are safely and successfully returned home; where this is not possible for them, permanent plans are made for them to live away from the family home. Families are made aware of, and encouraged to access, legal advice and advocacy. • Where the plan for a child or young person is to return home, there is evidence of purposeful work to help the family to change so it is safe for the child to return. Further episodes of being looked after are avoided unless they are provided as a part of a plan of support. • Applications and assessments for care or other orders are accepted by the courts, minimise the appointment of experts and avoid unnecessary delay. The wishes and feelings of children and young people, and those of their parents, are clearly set out and contemporary. Viability assessments of members of the family are carried out promptly to a good standard and sequential assessments are avoided. • Children and young people are protected or helped to keep themselves safe from bullying, homophobic behaviour and other forms of discrimination.

- Any risks associated with children and young people offending, misusing drugs or alcohol, going missing or being sexually exploited are known by the local authority and by adults who care for them. There are plans and help in place that are reducing the risk of harm or actual harm and these are kept under regular review by senior managers.
- Children and young people are in good health or are being helped to improve their health and their health needs are identified. Child and adolescent mental health provision, therapeutic help and services for learning or physically disabled children and young people are available when needed and for as long as they are required.
- Children and young people attend school or other educational provision and they learn. Accurate and timely assessments of their needs, as well as specialist support where it is needed, help them to make good progress in their learning and development wherever they live. They receive the same support from their carers as they would from a good parent. The attainment gap between them and their peers is narrowing. The local authority maintains accurate and up-to-date information about how looked after children are progressing at school and takes urgent and individual action when they are not achieving well. All looked after children and young people attend a good school.
- Children and young people who do not attend school have access to 25 hours per week of good-quality registered alternative provision. They are encouraged and supported to attend the provision and there is regular review of their progress. Urgent action to protect children is taken where they are missing from school or their attendance noticeably reduces.
- The local authority holds clear records in respect of the numbers of children receiving alternative education and for those missing from education.
- Social workers, residential staff and carers support children and young people to enjoy what they do and to access a range of social, educational and recreational opportunities. Those adults have delegated authority to make decisions about children's access to recreation and leisure activities.
- Children and young people live in safe, stable and appropriate homes or families with their brothers and sisters when this is in their best interests. They move only in accordance with care plans, when they are at risk of harm or are being harmed. They do not live in homes that fail to meet their needs and they do not move frequently.
- Care plans comprehensively address the needs and experiences of children and young people. They are regularly and independently reviewed, involving as appropriate the child or young person's parents, kinship carers (connected persons), foster carers, residential staff and other adults who know them. This helps ensure that the placement and plans for their future continue to be appropriate as well as ambitious.
- Children and young people have appropriate, carefully assessed and supported contact with family and friends and other people who are important to them (*applies to adoption judgement*).
- Children and young people who live away from their 'home' authority have immediate access to education and health services that meet their needs as soon as they begin to live outside of their 'home' area. Placing authorities adhere to the requirements of the placement regulations including notifying the 'receiving' authority that a child is moving to the area and assessing the adequacy of resources to meet the child's need before the placement is made (*applies to adoption judgement*).
- The placement of children and young people into homes and families that meet their needs is effective because there is a comprehensive range and choice available (*applies to adoption judgement*).
- Family-finding strategies are informed by the assessed needs of children and young people. There is decisive action to find

families and the avoidance of drift and delay is a priority. Respite care is only used when this is in the best interests of children and young people (*applies to adoption judgement*).

- The recruitment, assessment, training, support, supervision, review and retention of foster carers including kinship carers (connected persons) and, as appropriate, special guardians, ensures that families approved are safe and sufficient in number to care for children and young people with a wide range of needs. This enables children to be placed with their brothers and sisters and have contact with their birth family and friends when this is in their best interests.²
- Children and young people whose care and support is provided by a third party provider to which statutory functions have been delegated will receive the same high quality services that they could expect from the social work service provided directly by a local authority
- Early planning and case management results in appropriate permanent placements, including Special Guardianship or Child Arrangements Orders, that meet the needs of children and young people without delay or unnecessary moves (*applies to adoption judgement*).
- Well-trained and supported social workers engage effectively with the Children and Family Court Advisory Support Service (Cafcass), courts and other partners, including health professionals, to reduce any unnecessary delay in proceedings or in achieving permanence and to support arrangements once they are made (*applies to adoption judgement*).
- Children and young people are effectively prepared for, and carefully matched with, a permanent placement. Their wishes and feelings are understood and influence the decisions about where they live (*applies to adoption judgement*).
- Children and young people are helped to develop secure primary attachments with the adults caring for them. Social workers help them to understand their lives and their identities through life history work that is effective and provided when they need it. Therapeutic materials are made available to the child and their family when and wherever the child is placed (*applies to adoption judgement*).
- Case records reflect the work that is undertaken with children and clearly relate to the plans for their futures. The style and clarity of records enhances the understanding that children and young people have about their histories and experiences.
- Children and young people are represented by a Children in Care Council or similar body which is regularly consulted on how to improve the support they receive.
- Children and young people receive care that is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation (*applies to adoption judgement*).
- Care leavers are safe and feel safe, particularly where they are living, and are helped to understand how their life choices will affect their safety and well-being
- The health needs of care leavers are clearly assessed, prioritised and met including regular dental appointments for care leavers
- Child and adolescent mental health services, adult mental health provision, therapeutic help and services for learning or physically disabled young people and adults are available when they are needed
- Care leavers are helped to find housing solutions that best meet their needs. Risks of tenancy breakdown are identified and alternative plans are in place
- Accommodation and support for care leavers is appropriate and of good enough quality for each young person to safely develop their independence skills
- Ensure risk assessment is completed when placing care leavers are placed in emergency accommodation.

² Services should be delivered in accordance with the national minimum standards and regulations.

WHAT WE WILL DO TO DEVELOP CONSISTENTLY GOOD PRACTICE

Ref	Action	Progress Review Date	Lead	Update Commentary
1.3.1	Use a range of tools including the Permanence Tracker to continue to reduce drift, delay, and improve timely outcomes for children.	Oct 2017	Caroline Watts. Service Manager	Ongoing - Permanence Tracker in child's electronic record has been developed and is now operational. In addition to monitoring. Practice Review Meetings have now been introduced as a way of reflecting on plans and using evidence based research to move plans on and feedback in P&P workshop was positive from workforce.
1.3.2	Ensure children are placed at home with parents only when it is absolutely right and safe to do with clear MoS	Dec 2017	Caroline Watts, Service Manager	Sefton is leading and participating in a North West Multi Agency Audit to understand the increase across the North West in placement at home with parents. Sefton has reduced year on year the number placed on a full care order.
1.3.3	Review children placed at home on care orders for 9 months at legal gateway to review whether there is a plan for discharge	Dec 2017	Trish Galloway Service Manger	Flagging system now in place, continue to monitor via legal gateway.
1.3.4	Continue to focus on discharges of children placed at home for 2 or more years where it is safe to do so	Oct 2017	Peter Yates, Service Manager	Work has been ongoing and the pwp population has reduced as a result. Continue to monitor via P&P meeting.

Ref	Action	Progress Review Date	Lead	Update Commentary
1.3.5	Improve school attendance for Looked After Children by continuing to work closely with partnership and early help	Dec 2017	Peter Yates, Service Manager	VB to send all foster carers a letter. Care plans to address and identify poor attendance for care orders at home. SH to have a focus on this in Dec Practice and Performance Workshop and SH to complete audit of care plans with N Walsh audit Jan 2017.
1.3.6	Ensure Looked After Children have timely initial health assessment and annual health checks	Nov 2017	Peter Yates, Service Manager	Regular improvement meetings held with Health to improve performance. Joint audit completed with health to understand the issues. Notifications are monitored weekly. Action plan in place to improve.
1.3.7	Improve NEET status of care leavers of all ages by continuing to work with in partnership with connexions	Oct 2017	Peter Yates, Service Manger	This is now regularly monitored at performance and planning meetings. Capacity of care leavers team has been increased through the recent restructure. Sefton's Keeping in Touch rate is good and the Team Manager is providing regular updates on progress.
1.3.8	Aim to reduce number of care leavers accessing emergency accommodation by ensuring robust contingency planning as part of pathway plans	Oct 2017	Peter Yates, Service Manger	Risk assessment as part of the new homeless protocol and quarterly audit. All pathway plans are quality assured by the Team Manager. Continue to monitor use of emergency accommodation.
1.3.10	Share learning from adoption audit with workforce and develop action plan.	March 2018	Sarah Hodgson, Quality Assurance Manager	Report completed and learning has been shared with workforce at p&p and with training unit. Next Adoption Audit to be completed Feb / March 202017
1.3.11	Produce Care Leavers passport and liaise with communication team regarding publication	Oct 2017	Peter Yates, Service Manager	Peter Yates has been working with Comms Team to complete this piece of work. Review progress October.

Ref	Action	Progress Review Date	Lead	Update Commentary
1.3.12	Conduct a joint audit of care leavers and transitions to adult service alongside adult social care	Jan 2018	Sarah Hodgson, Quality Assurance Manager	SH to liaise with Adults in Jan 202017 with a view to theming a quarterly audit.

HOW WE WILL KNOW OUR PRACTICE IS GOOD?

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of cases judged to meet good or exceed good for quality of placement (audit measure)	That placements are of a high quality and meet the assessed needs of children and young people.	65-79	80-89	90-100
Proportion of children and young people looked after with 3 or more placements in a 12 month period	That placements are of a high quality and meet the assessed needs of children and young people.	8-15	7-5	<5
Proportion of children placed on a full care order at home with parents	That there is careful scrutiny by managers and legal to ensure placement at home is the correct decision.	16-25	6-15	0-5
Proportion of children placed on a full care order at home with parents at any time	That there is careful scrutiny by managers and legal to ensure placement at home is the correct decision.	16-25	6-15	0-5
Percentage of statutory visits for children placed at home with parents completed in timescales	That children placed at home with parents are safeguarded and the order is being robustly managed.	60-79	80-94	95-100
Percentage of LAC that are classed as persistently absent from education	That educational outcomes for LAC are improved as a result of being in care	40-20	20-10	<10
Percentage of Initial Health Assessment's completed within in timescale	That notification is effective and that children and young people do not experience undue delay in receiving	65-79	80-89	90-100

	an Initial Health Assessment.			
Percentage of Children Looked After with a health check completed within 12 months	That there is no delay for children and young people in relation to their Annual Health Assessment.	65-79	80-89	90-100
Percentage of care leavers living in suitable accommodation	That care leavers are living in accommodation that is viewed as suitable for their needs and their accommodation needs are being prioritised across the partnership.	80-89	90-94	95-100
Percentage of audit cases that score good for young people being prepared for independence (audit measure)	That good quality work is being undertaken with care leavers and young people preparing for leaving care.	65-79	80-89	90-100
Percentage of audit cases that meet good for Pathway Plans (audit measure)	That good quality work is being undertaken with care leavers and young people preparing for leaving care.	65-79	80-89	90-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
<p>Audits – show that the quality of front line practice is improving across all areas and can be clearly evidenced in records</p> <p>Audits – demonstrate that timely interventions for emotional health and wellbeing have had a positive impact on the outcomes for children and young people and that care leavers are appropriately engaged, prepared for independence and transitions to adult services</p>	<p>Survey of families and young people in conjunction with voluntary sector and through Focus on Practice week as well as feedback from MAD group – demonstrate children, young people and parents feel they have received a good service that has helped them. Children, young people and parents report that they are clear on why the plan was in place and how this met their needs.</p>	<p>Practice and Performance Workshops and Supervision – Staff reflect on what support they need to strengthen practice, and that their knowledge or relevant research, policies and procedure is evident</p>		

Recommendation	2.0 Management Oversight
Our goal (what 'good' looks like)	<ul style="list-style-type: none"> • The child's record gives a clear account of the story and experience of the child or young person, their individual needs, their place and relationships within the family, the work undertaken with them and activity in relation to them and what matters to them. • Supervision is frequent, reflective, challenging and is well recorded in the practitioner's file and on the child's record • Practitioners value the support and challenge they receive through supervision, and know how this has improved their practice • Team managers clearly evidence direction, challenge and support in supervision notes as a clear evidence record for all parties to demonstrate learning • Annual Personal Development Plans (PDPs) are tailored to the individual learning and development needs of practitioners, which is related to improvements to services as a whole. Progress against PDPs is evaluated in supervision to ensure these outcomes are attained and there is a continual focus on learning and development opportunities • There is no drift or delay for children and young people, action is timely, plans are effective, and this leads to improved outcomes for children, young people and families • Plans to make permanent arrangements for children and young people are effectively and regularly reviewed by independent reviewing officers (IROs). IROs bring rigour and challenge to the care planning and monitor the performance of the local authority as a corporate parent, escalating issues as appropriate. They enable timely plans to be agreed to meet the needs of children and to ensure that their best interests remain paramount. IROs engage with children's guardians and there is evidence that this is focused on what children need and how the plans for them can be properly progressed (<i>applies to adoption judgement</i>). • Management oversight of practice, including practice scrutiny by senior managers, is established, systematic and demonstrably used to improve the quality of decisions and the provision of help to children and young people • Authoritative action is taken where change is not secured and the risk to children intensifies or remains • Team managers can clearly evidence direction given with clear rationale on the child's record

WHAT WE WILL DO TO DEVELOP CONSISTENTLY GOOD PRACTICE

Ref	Action	Review Date	Lead	Commentary Update
2.1	Managers are reviewing and tracking actions agreed as part of MOS and Supervision (audit measure)	Oct 2017	Sarah Hodgson, Quality Assurance Manager	Audits demonstrate improvement, complete next supervision audit in September 2017.
2.2	Performance and Planning Meetings to continue focus on team and individual performance and ensure Team Managers take responsibility for discussions concerning performance. Continue to develop their confidence and skills in performance management reports.	Dec 2017	Sarah Hodgson, Quality Assurance Manager	SH to develop and run some basic excel on performance reporting in conjunction with training unit once Team Managers are in new posts.
2.3	Set up a system for SMT to systemically review all policies and procedures to ensure they are up to date.	Oct 2017	Sarah Hodgson, Quality Assurance Manager	SH to send updated spreadsheet and forward plan to SMT October 202017.
2.4	Evaluate the impact of the Supervision Module through audit and survey and feedback to CYPIB	Oct 2017	Sarah Hodgson, Quality Assurance Manager	Ongoing – impact reported via audit reports and survey to improvement board. Next report due October.
2.5	Repeat the staff supervision survey annually to gauge progress and staff evaluation.	Completed	Sarah Hodgson, Quality Assurance Manager	Next survey March 18.
2.6	Review Performance Management Dashboards and agree targets for 202017-18	Oct 2017	Sarah Hodgson, Quality Assurance Manager	SH has met with BIP and agreed a new more focused dashboard. Dashboard due to be ready Oct 2017 .
2.7	Ensure managers are routinely chairing key decision making meetings (audit measure)	Dec 2017	Sarah Hodgson, Quality Assurance Manager	Some evidence that this is improving. SH to audit following restructure.
2.8	Continue to ensure all children assessed as high risk including CSE and Missing and placed out of borough have a care-planning meeting	Oct 2017	Peter Yates, Service Manager	PY completed audit, result to be fed into performance and planning meeting Oct

Ref	Action	Review Date	Lead	Commentary Update
	chaired by a Team Manager every 3 months. IRO's to quality assure that this is happening.			2017.

HOW WE WILL KNOW OUR PRACTICE IS GOOD

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Percentage of supervisions that met the practice standard for frequency (audit measure)	Supervisions are taking place as regularly as they need to.	70-79	80-89	90-100
Percentage of supervisions that met the practice were of a good quality and reflective (audit measure)	Supervisions are good quality.	70-79	80-89	90-100
Percentage of staff report that supervision is beneficial to them with supervision from the annual survey	That staff value the support and challenge they receive through Supervision.	70-79	80-89	90-100
Percentage of cases that meet good for Decision Making (audit measure)	That decision-making is well informed and evidenced based, timely, proportionate to risk and that there has been appropriate management direction at key points.	65-79	80-89	90-100
Percentage of re-referrals within 12 months	That decision-making is well informed and evidenced based, timely, proportionate to risk and that there has been appropriate management direction at key points.	20-24	19-16	<16
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
<p>Supervision Audits – show improved quality of supervision and that supervision is increasingly reflective and evidence based research is used to inform decision making</p> <p>Quality Practice Audits and Case Review – demonstrate good quality decision making</p>	<p>Complaints Report – shows specific themes are not recurring, we have good performance on the number of complaints being resolved at the first stage, compliments are received from children, young people and families</p>	<p>Practice and Performance Workshops and Supervision – Staff reflect on what support they need to strengthen practice, and that their knowledge of relevant research, policies and procedure is evident</p> <p>Staff Supervision Survey – Staff report that supervision is regular,</p>		

<p>based on clear management oversight and good quality supervision, that management direction is clearly recorded and impacts on the direction of the case and that procedures are adhered to</p> <p>Complaints Report – shows specific themes are not recurring, we have good performance on the number of complaints being resolved at the first stage, compliments are received from children, young people and families.</p>	<p>Survey of families and young people in conjunction with voluntary sector and through Focus on Practice week as well as feedback from MAD group – demonstrate children, young people and parents feel they have received a good service that has helped them. Children, young people and parents report that they are clear on why the plan was in place and how this met their needs.</p>	<p>valued, prioritised. Staff feel supported and that supervision is reflective and effective</p>
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Recommendation:	3. Resources
<p>Our ambition (what ‘good’ looks like)</p>	<ul style="list-style-type: none"> • Social Care Teams are well designed and caseloads and capacity is evenly managed across the system and allows innovative work to flourish and be undertaken with children and families • Children and families receive the right intervention at the right time • The Principle Social Worker function is a valued and highly visible role and is able to provide challenge to Head of Service and Leadership, which results in demonstrable change • Change of worker is minimised particularly at key transition points so that children foster and enjoy strong relationships with adults who care for them • Care plans comprehensively address the needs and experiences of children and young people. They are regularly and independently reviewed, involving as appropriate the child or young person’s parents, kinship carers (connected persons), foster carers, residential staff and other adults who know them. This helps ensure that the placement and plans for their future continue to be appropriate as well as ambitious • Plans to make permanent arrangements for children and young people are effectively and regularly reviewed by independent reviewing officers (IROs) • IROs bring rigour and challenge to care planning and monitor the performance of the local authority as a corporate parent, escalating issues consistently and appropriately in line with procedure. IRO’s enable timely plans to be agreed to meet the needs of children and to ensure that their best interests remain paramount • Practice alerts result in clear and timely action by Service and Team managers • IROs engage with children’s guardians and there is evidence that this is focused on what children need and how the plans for them can be properly progressed.

WHAT WE WILL DO TO DEVELOP CONSISTENTLY GOOD PRACTICE

Ref	Action	Progress Review Date	Lead	Commentary update
3.1	Implement design of CSC review	Oct, 202017	Vicky Buchanan, Head of Service	Restructure completed and new model due to be implemented 1 st October 202017.
3.2	Increase IRO resource and reduce IRO caseloads	Completed	Vicky Buchanan, Head of Service	Completed and caseloads have reduced.
3.3	Increase use of appropriate practice alerts by IRO service	Jan 2018	Kara Haskayne, Service Manager	Practice alerts have increased and this monitored fortnightly in IRO performance clinics via the IRO PMF. Next need to review impact on quality and outcomes.
3.4	Implement mobile working across the CSC workforce	Oct, 202017	Vicky Buchanan, Head of Service	VB request WL to provide update to SMT

HOW WE WILL KNOW OUR PRACTICE IS GOOD

Performance Measure	What does it show?	Thresholds		
		Requires Improvement	Good	Outstanding
Average number of practice alerts raised across all IRO's	That the policy is being evenly and consistently applied.	Increase		
Percentage in the number of cases that meet good for review in audit (audit measure)	That IRO's have the capacity to effectively chart reviews to ensure the plan is being progressed.	65-79	80-89	90-100
Reduction in average team caseloads and a reduction in the highest caseload	That the design of Children's Social Care allows good quality and innovative work to be undertaken.	35-26	25-20	19-10

Percentage of workforce who are enabled for mobile working	That Children's Social Care staff are adequately resourced to allow good quality, timely and innovative work to be undertaken	50-60	61-75	75+
Timeliness of recording of assessments, plans and visits improves following roll out	That Children's Social Care staff are adequately resourced to allow good quality, timely and innovative work to be undertaken	Increase		
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		
Audits - show that the quality practice is improved with increased resources and that undue drift and delay is minimised, there is case progression and improved outcomes and impact for children, young people and their families	Survey of families and young people in conjunction with voluntary sector and through Focus on Practice week as well as feedback from MAD group – demonstrate children, young people and parents feel they have received a good service that has helped them. Children, young people and parents report that they are clear on why the plan was in place and how this met their needs.	Practice and Performance Workshops and Supervision – Staff reflect on what resource they need to strengthen their practice and are able to identify and articulate gaps in service / resource that would enable them to do their job more efficiently		