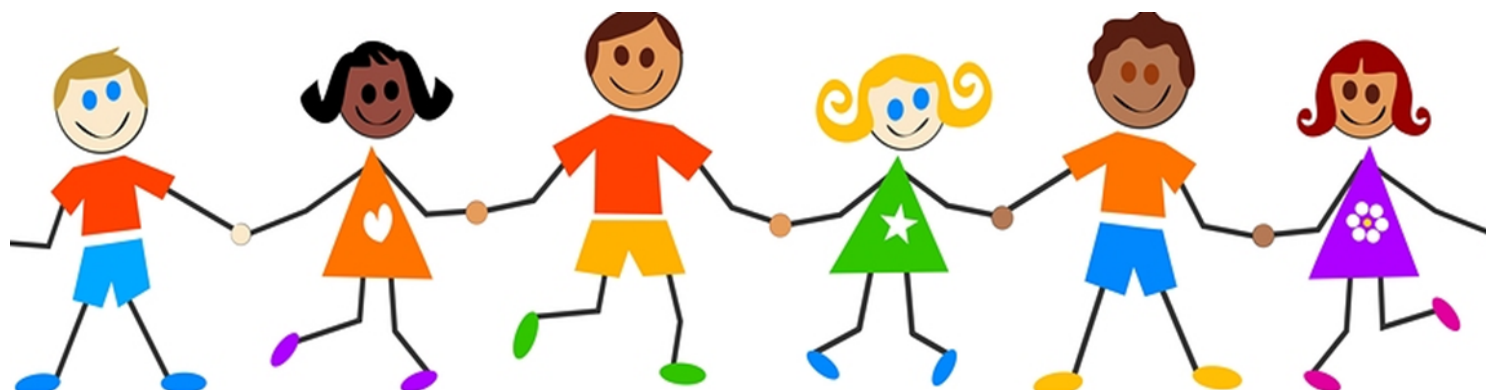


Sefton MBC Children's Services Improvement Action Plan 2018-19 (V.1)



Sefton Council 

Foreword

Welcome to our Children and Young People's Improvement Plan 2018 – 2019. 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 2018-19

The Senior Management Team have met regularly throughout 2017 and 2018 to review last year's 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, quality audit findings. We have also considered Sefton LSCB quality audit findings, performance data analysis and Serious / Local Case Review findings. The following areas remain a focus of the 2018-19 plan:

1. *Ensure frontline practice is consistently good, effective and focussed on timely, measurable 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.*

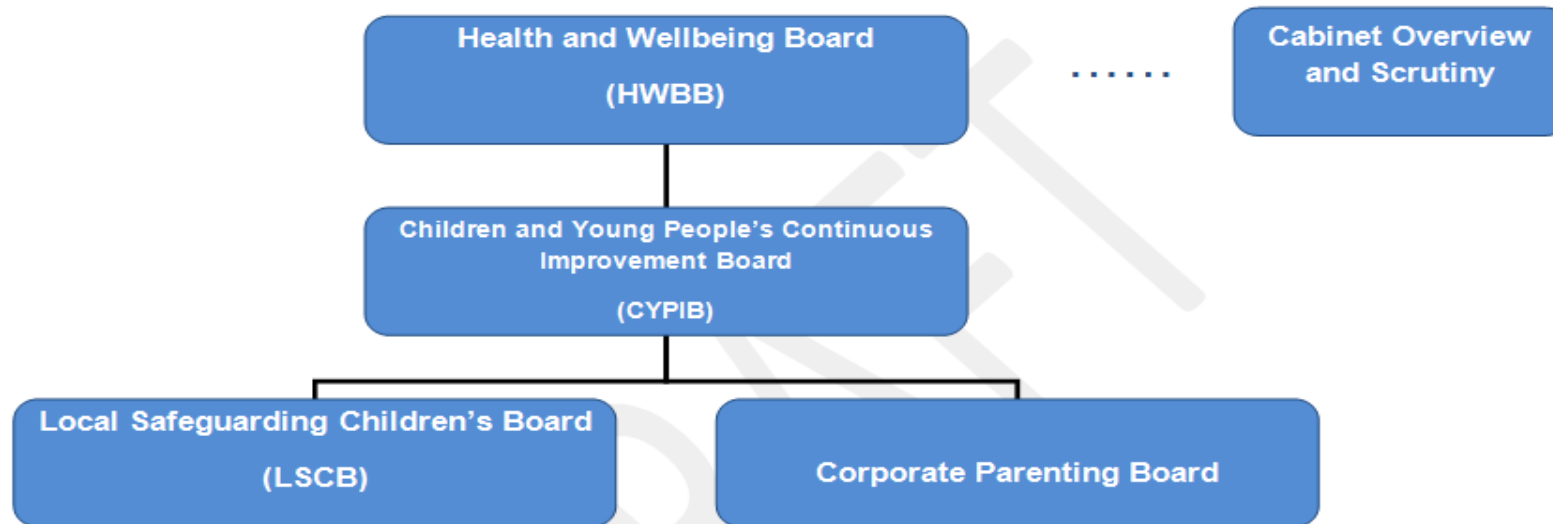
3. *Ensure that frontline services are sufficiently resourced and the workforce appropriately skilled to enable high quality work to be undertaken with children and young people.*

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 work we undertook last year to address 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 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 council has been through a significant transformation and children’s social care have restructured to assure that we fully align with new models of locality delivery, strengthening our links with early help and improving our response at all levels of need.

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
<p>Our ambition (what ‘good’ looks like)</p>	<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 17 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
- 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	CSC & IRO Service workforce to be provided with the Aug LSCB newsletter stating need to read the SCR Report re: Martha, Mary & Ben (MMB).	Aug 2018 COMPLETE	Vicky Buchanan, Head of Service	Completed , LSCB newsletter sent out to workforce 01.08.18.
1.1.2	Review Performance and Quality assurance framework to reflect new approach to focussed audits and include audit plan for the year.	Oct 18	Kara Haskayne, Service Manager Independent Safeguarding & Quality Assurance Unit	Briefing paper due to be discussed at August CSC Performance Meeting to include dates of Audits.
1.1.3	Practice & Performance Meeting to be undertaken with workforce focused on learning from SCR (MMB) - discuss SCR report and CSC Individual Management Review recommendations and agree actions workforce to undertake.	Sept 2018	Trish Galloway, Service Manager	Practice & Performance Meeting being prepared for Sept 2018
1.1.4	Undertake quality audit re: completed S47 enquiries which have been no further actioned, to ensure: <ul style="list-style-type: none"> • If key agency unable to attend strategy meeting, changes have been made to accommodate attendance or agency has provided a written report • All strategy meeting/discussion actions have been undertaken • Professional agency views have been taken 	Oct 2018	Trish Galloway, Service Manager	

Ref	Action	Progress / Review Date	Lead	Update Commentary
	in account. (SCR MMB - recommendation 1 & CSC IMR recommendation)			
1.1.5	Undertake quality audit of children subject of a CiN or CP Plan re: neglect concerns, to ensure Graded Care Assessment has been undertaken (SCR MMB - recommendation 3)	Nov 2018	CSC QA Manager, Helen Splaine	
1.1.6	Review to be undertaken of CSC CiN Practice Standards, to ensure they include: i) if evaluation of risk of harm is obscured by parental non-engagement, the CiN meeting must be chaired by a Team Manager ii) ii) this meeting must address impact of non-engagement by parents iii) iii) Rationale for decisions and actions must be clearly recorded in all the child's record. (SCR MMB - recommendation 4) iv) Ensuring the right team is around the family and that CIN and Multi agency working is just as robust as CP or LAC (LSCB Child Criminal Exploitation Audit – CSC recommendation 9)	Sept 2018	Trish Galloway, Service Manager	
1.1.7	Communicate learning from Q1 (2018-19) CiN Audit & updated CiN Practice Standards to CSC workforce at Practice & Performance Meeting (SCR MMB - recommendation 4)	Sept 2018	Trish Galloway, Service Manager	
1.1.8	Undertake re-audit re: children subject of a CiN Plan, to ensure i) meetings chaired by Team Manager when agencies have not been able to engage parents, ii) meetings have address impact of non-engagement and iii) rational for decisions are recorded on the child's record & iv) the right team is around the child and their	By end of Q3	CSC QA Manager,	

Ref	Action	Progress / Review Date	Lead	Update Commentary
	family. (SCR MMB - recommendation 4)			
1.1.9	Undertake quality audit of children subject of a CP Plan to ascertain: <ul style="list-style-type: none"> • If Core Groups are being timely undertaking • CP Plans are being updated by Core Groups • If the CP Plan is focused on improving children's outcomes & family outcomes re: 'Turnaround Families outcomes' • If the child's life daily experience has been understood and the child's voice has been heard • If Safety Plans have replaced Working Agreements 	Nov '18	Kara Haskayne Service Manager & Nicky Horn IRO Manager	
1.1.10	Information Sharing Protocol between CSC and Substance Misuse Provider be reviewed, via Public Health Commissioner, to ensure learning from SCR MMB is addressed; and includes all potential points of communication from general enquiries, to advice working together under child protection plans. (SCR MMB, recommendation 6)	Oct 2018	Trish Galloway, Service Manager & Kara Haskayne, Service Manager	
1.1.11	Provide updated CSC and Substance Misuse Protocol to LSCB Workforce Development Lead so can be referred to within all elements of the LSCB Training programme, and CSC Workforce Development Lead so can be referenced in all CSC Training. (SCR MMB, recommendation 6)	Oct 2018	Trish Galloway, Service Manager	
1.1.12	Review training offered to Social Workers re: drug misusing parents and the impact pf parenting on children.	Oct 2018	Joy Hughes, Service Manager (Principal Social Worker)	

Ref	Action	Progress / Review Date	Lead	Update Commentary
	<i>(SCR MMB - CSC Individual Management Review recommendation)</i>			
1.1.13	Review of Signs of Safety methodological approach to be undertaken and agreed actions to be reported to the LSCB 2 nd or subsequent Plan Task & Finish Group <i>(LSCB 2nd or subsequent Plan Review)</i> <i>(LGA Review – recommendation k)</i>	Sept 2018	Vicky Buchanan, Head of Service	Visit to Lincolnshire, Partners in Practice, undertaken to review their implementation of Signs of Safety
1.1.14	Develop Practice Guidance re: when a family has previously been subject to a CP Plan and further child protection concerns are referred to CSC, as part of the S47 enquiry, a multi-agency meeting, including wider family members should be held, to ensure the child's case is safely managed and maximise opportunity for a wider safety net. <i>(LSCB 2nd or subsequent period CP Plan Review – recommendation 6)</i>	Sept 2018	Joy Hughes, Service Manager	
1.1.15	Practice & Performance Workshop re: SCR MMB have focus session re: Assessments, to ensure assessments include: <ul style="list-style-type: none"> • critical thinking • detailed assessment of all adults either living in the household or providing significant care to children, regardless of their relationship with them • analysis of accumulative risk of harm • evaluation • and are undertaken timely <i>(LSCB 2nd or subsequent period CP Plan Review – recommendation 7)</i> <i>(LSCB Child Criminal Exploitation Audit –</i>	Sept 2018	Trish Galloway, Service Manager	

Ref	Action	Progress / Review Date	Lead	Update Commentary
	<i>recommendation 1) (SCR MMR CSC Individual Management Review recommendation)</i>			
1.1.16	Deliver a briefing to Team Managers regarding the CSC Guidance to assess parent's capacity to change and agree that this will be considered in every child and family assessment that the managers authorise. <i>(LSCB 2nd or subsequent period CP Plan Review – recommendation 8)</i>	Sept 2018	Trish Galloway, Service Manager	
1.1.17	Deliver a briefing to Team Managers regarding the need to: Upload EHC Plans to children's records <ul style="list-style-type: none"> • Ensure a child's disability is recorded in their records • Update the child's chronology • Ensure SDQ (Strengths and Difficulties Assessment) is shared with Health to inform the annual Health Assessment and is recorded on a child's record and informs their Plan <i>(LSCB Disabled Children Audit – CSC recommendation 1)</i>	Sept 2018	Trish Galloway, Service Manager	
1.1.18	Undertake an audit of assessment quality to ensure all actions stated in 1.1.14 & 1.1.15 & 1.1.17 are consistently undertaken	By end of Q3	CSC QA Manager, Helen Splaine	
1.1.19	Convene a joint Team Manager Forum meeting, with CSC and YOT and Early Help Team Managers, to discuss effective information sharing between services so that all services risk assessment informs the Plan being	Sept 2018	Nicola Driscoll, MASH Team Manager	

Ref	Action	Progress / Review Date	Lead	Update Commentary
	undertaken with the child. <i>(LSCB Child Criminal Exploitation Audit – CSC recommendation 1)</i>			
1.1.20	Undertake a joint audit (CSC & YOT) to ensure effective risk assessment sharing has improved the quality of 1 Plan for the child / young person.	By end of Q4	Nicola Driscoll, MASH Team Manager	
1.1.21	Undertake a dip sample audit to monitor MASH providing feedback to agencies re: contacts they have made which have progressed to a S47 enquiry. Undertake a dip sample audit to monitor Locality Team Managers providing feedback to agencies re: contacts they have made which have progressed to a S17 assessment. <i>(LSCB Domestic Abuse Audit – CSC recommendation 1)</i> <i>(CQC Health Review recommendation – reported awaited)</i>	By end of Q3	Trish Galloway, Service Manager Joy Hughes, Service Manager	
1.1.22	Ensure families are provided with Child Protection Conference Report 3 days before the Conference is taking place. To support this the Safeguarding and Quality Assurance Unit will provide a monthly report re: timeliness to SMT and CSC Performance Meetings.	By end of Q3	Vicky Buchanan, Head of Service	Monthly reports are being provided to CSC SMT and Performance Meetings.
1.2.23	Monthly report re: IRO Formal Practice Alerts re: themes to be provided to CSC Performance Meetings.	Sept 2018	Nicky Horn, IRO Manager	
1.2.24	MASH Administrator to commence undertaking review of the professional involvements	Sept 2018	Trish Galloway, Service Manager	

Ref	Action	<i>Progress / Review Date</i>	Lead	Update Commentary
	recorded on children's records, to ensure reflect the team around the child and their family.			
1.2.25	IROs to implement a compliance monitoring methodology for Child Protection Reviews	Oct 2018	Nicky Horn, IRO Manager	

HOW WE WILL KNOW OUR PRACTICE IS GOOD?

Performance Measure	What does it show?	Thresholds			
		Inadequate	Requires Improvement	Good	Outstanding
Percentage of children and young people seen within <u>10 days</u> of the referral.	That children are being visited regularly at a minimum in line with statutory timescales and are thus effectively being safeguarded and that their views are being used to inform assessment	<65	65-75	75-84	85+
Percentage of children and young people seen within <u>5 days</u> of the referral	That children are being visited regularly at a minimum in line with statutory timescales and are thus effectively being safeguarded and that their views are being used to inform assessment	<50	50-60	60-75	75+
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	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	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	75-80	81-89	90+
Percentage of assessments that are completed as NFA	That assessments are thorough and that children and families are not subject to multiple assessments in a short period of time, that support is afforded at the earliest opportunity.	>50	40-50	49-25	>24
Percentage of assessments audited that meet or exceed good (audit measure)	That the quality of assessments is of a good standard	<50	50-60	61-80	81+

Performance Measure	What does it show?	Thresholds			
		Inadequate	Requires Improvement	Good	Outstanding
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	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	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	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	65-79	80-89	90-100
Percentage of children and young people with an up to date plan in line with practice standards CIN and CP	The amount of cases that have an up to date plan. This should increase as practice improves.	<65	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 number 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	>25	25-20	19-15	<14

Performance Measure	What does it show?	Thresholds			
		Inadequate	Requires Improvement	Good	Outstanding
	they have made – a low percentage is an indicator of good performance.				
Number of 16/17 year olds who present as homeless who are progressed to referral	That the Sefton Joint Homeless Protocol is embedded in practice		Increase		
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	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	25-21	20-17	<17

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>

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	Implement Children Social Care & IRO Service CiN / CP Young Advisors Report recommendations	Nov 2018	Trish Galloway / Joy Hughes Service Managers & Nicky Horn, IRO Manager	
1.2.2	Engage young people in undertaking a review Missing Children Independent Return Interviews	Nov 2018	Kara Haskayne, Service Manager & Janette Maxwell, Team Manager Early Help	
1.2.3	Develop a directory of Direct Work Tools for staff to utilise to ascertain a child's daily lived experience.	Nov 2018	Joy Hughes, Service Manager & Practice Champions Group	
1.2.4	IROs to develop minutes re: LAC Reviews to focus on communicating decisions and their Care Plans to the children and young people, to support that they understand decisions made about their life, and understand their 'life story'.	Oct 2018	Nicky Horn, IRO Manager	IRO Development Meeting undertaken and IROs to prioritise changing the methodology of recording LAC meeting minutes, to focus on communicating to the child / young person during Q3.
1.2.5	Undertake audit of LAC Review IRO minutes, to ascertain if all IROs have changed the methodology of recording to focus on communicate to the child / young person.	Nov 2018	Nicky Horn, IRO Manager	

HOW WE WILL KNOW OUR PRACTICE IS GOOD?

Performance Measure	What does it show?	Thresholds			
		Inadequate	Requires Improvement	Good	Outstanding
Percentage of statutory visits and CiN and CP visits completed within timescale increases	That children are being visited regularly at a minimum in line with statutory timescales.	<70	70-84	85-94	95-100
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	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	25-33	34-66	67-100
Qualitative Information	Feedback from Children and Young People, Parents and Carers		Feedback from Staff		
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	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 support they need to strengthen practice, and that their knowledge or relevant research, policies and procedure is evident		

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*).

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

- 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.

WHAT WE WILL DO TO DEVELOP CONSISTENTLY GOOD PRACTICE

Ref	Action	Progress Review Date	Lead	Update Commentary
1.3.1	<p>Develop and integrate a joint pathway with Health to integrate SDQ into the Review Health Assessment process.</p> <p>Utilise the 'Thrive model' framework to identify appropriate service for children and young people and meet assessed need at the earliest opportunity</p> <p><i>(LGA Review – recommendation g)</i></p>	Start of Nov '18	Peter Yates, Service Manager	<p><i>CCG have reviewed capacity with the provider and additional resource has been secured. Meeting undertaken with CCGs, looking to improving quality if breadth of assessment to include emotional as well as physical health and link it to the SDQ</i></p>
1.3.2	<p>Establish a regular pattern of meetings with the CCG and Community Health Provider to ensure sufficient capacity to effectively and effectively oversee the performance monitoring of the Health Assessment process</p> <p><i>(LGA Review – recommendation f)</i></p>	Start of Nov '18	Peter Yates, Service Manager	
1.3.3	<p>Inform Public Health review of the Emotional Health offer for children and young people, to ensure the needs of Looked After Children are met at the earliest opportunity to support permanency being achieved.</p> <p><i>(LGA recommendation i)</i></p>	Nov 2018	Peter Yates, Service Manager	<p>Survey undertaken of what services looked after children were receiving from CAMHS and other providers to identify unmet need. Additional capacity has since been achieved in the Therapeutic Service to help meet nonacute emotional health needs of looked after children.</p> <p>Application made to bid to become a trail blazer.</p> <p>Tri – partite funding being</p>

Ref	Action	Progress Review Date	Lead	Update Commentary
				secured to look at delivery of online counselling support.
1.3.4	With the CCG, consider the potential benefits of commissioning dedicated health services for children and young people looked after by informing the Providers review of their service offer. <i>(LGA Review – recommendation h)</i>	Oct 2018	Peter Yates, Service Manager	
1.3.5	Undertake an audit of children subject of a CP Plan / Looked After, under the age of 2, to ensure decision making is achieving early permanence, including earlier decision making around placement options. <i>(LGA Review – recommendation l)</i>	End of Oct 2018	Peter Yates, Service Manager & Nicky Horn, IRO Manager	
1.3.6	Review all Foster Placements with a high risk of breakdown to identify additional support needs and ensure these are met. Review <ul style="list-style-type: none"> • Young people with multiple placements • Young people with a high SDQ score To strengthen the quality of support and interaction with Sefton foster carers, preventing placement breakdown. <i>(LGA Review – recommendation m)</i>	End of Nov 2018	Peter Yates, Service Manager & Nicky Horn, IRO Manager	
1.3.7	Undertake an audit of foster carers who have more than 3 children in placement.	Dec 2018	Peter Yates, Service Manager & Maria Spatuzzi, Fostering Manager	
1.3.8	Establish a regular forum to listen to foster carers views and the Fostering Social Work team to identify any unmet need of children they are caring for.	Nov 2018	Maria Spatuzzi, Fostering Team Manager	Head of Service has met with Fostering Forum and attended the Annual Fostering Conference
1.3.9	Commence a dip sample cycle of audit of placement breakdowns / unplanned moves, to ascertain trigger factors and communicate this ongoing learning to the CSC Performance Meetings / Team Meetings	Oct 2018	Nicky Horn, IRO Manager	

Ref	Action	Progress Review Date	Lead	Update Commentary
1.3.10	IRO Manager and IRO representatives to support the Corporate Parenting Team to make changes to how Care Plans and LAC Review minutes are recorded by attending a joint Service Meeting, children are written to and plans are focussed on improving their outcomes	Oct 2018	Nicky Horn, IRO Manager	
1.3.11	Monitor via the CSC Performance Data that all looked after children have had a C&F assessment undertaken on at least an annual basis.	Oct 2018	Peter Yates, Service Manager	
1.3.12	Monitor through CSC Performance Data all children approaching their 16 th birthday and whether they have had a Pathway Plan undertaken to support their transition to become a Care Leaver.	Oct 2018	Peter Yates, Service Manager	
1.3.13	Undertake a quality audit to review the quality of young people's Pathway Plans.	End of Q3	Joe Hulse, Leaving Care Team Manager	
1.3.14	Identify practice exemplars and share these across the service via Practice Champions.	End of Q3	Joe Hulse, Leaving Care Team Manager	
1.3.15	Implement a revised training offer re: Care Planning with focus in permanence and adoption planning.		Nicky Horn, IRO Manager and Peter Yates, Service Manager	
1.3.16	Improve the % of children with more than 85% educational attendance by regularly monitoring the cohort of children falling below this standard to ensure: <ul style="list-style-type: none"> • Education is a key discussion point in their LAC review • Their attendance rate is monitored as part of their LAC Review • The Virtual School is fully engaged with the School 	Oct 2018	Peter Yates, Service Manager	

Ref	Action	Progress Review Date	Lead	Update Commentary
	to identify improved attendance <ul style="list-style-type: none"> Improved attendance is part of their PEP. 			
13.1.17	Implement a Fostering Teen Scheme, to provide an enhanced fostering offer for complex and hard to place looked after children.	End of Q3	Peter Yates, Service Manager	
13.1.18	Maintain focus on placement planning and relaunch placement panel and Terms of Reference to reduce emergency admissions into care.	Aug 2018	Vicky Buchanan, Head of CSC	Placement panel discussed with team managers at Performance meeting and Terms of reference recirculated.

HOW WE WILL KNOW OUR PRACTICE IS GOOD?

Performance Measure	What does it show?	Thresholds			
		Inadequate	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	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.	>15	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.	>25	16-25	6-15	0-5
Proportion of children placed on a care order at home with parents interim or full	That there is scrutiny by managers and legal to ensure placement at home is the correct decision.	>25	16-25	6-15	0-5
Percentage of statutory visits for children placed at	That children placed at home	<60	60-79	80-94	95-100

Performance Measure	What does it show?	Thresholds			
		Inadequate	Requires Improvement	Good	Outstanding
home with parents completed in timescales	with parents are safeguarded and the order is being robustly managed.				
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	>33	20-32	10-19	<10
Percentage of Initial Health Assessment's completed	That notification is effective and that children and young people do not experience undue delay in receiving an Initial Health Assessment.	<65	65-79	80-89	90-100
Percentage of Children Looked After with a health check completed within 12 months Under 5	That there is no delay for children and young people in relation to their Annual Health Assessment and health issues are being addressed for children in our care	<65	65-79	80-89	90-100
Percentage of Children Looked After with a health check completed within 12 months Over 5	That there is no delay for children and young people in relation to their Annual Health Assessment and Health issues are being addressed for children in our care	<65	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	80-89	90-94	95-100

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
<p>Our goal (what ‘good’ looks like)</p>	<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. 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 (*applies to adoption judgement*).
- 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
2.1.1	Undertake a Supervision Audit, to review its regularity and its impact, to ensure improving quality for casework <i>(LSCB 2nd or subsequent period CP Plan Review – recommendation 10)</i>	August 2018	Vicky Buchanan, Head of Service	Supervision Audit has been undertaken and is due to be reported to the Children & Young People's Improvement Board 20 th August 2018
2.1.2	Review Supervision Policy and Supervision Record template.	Oct 2018	Joy Hughes, Service Manager	
2.1.3	Review Training re: reflective supervision, to ensure team managers are able to provide support and challenge to social workers.	Oct 2018	Joy Hughes, Service Manager	
2.1.4	Communicate a Briefing note to CSC & IRO Service workforce re: use of Written Agreements. <i>(LSCB 2nd or subsequent period CP Plan Review – recommendation 11)</i>	August 2018 COMPLETE	Vicky Buchanan, Head of Service	Complete – Briefing note e mailed to workforce
2.1.5	Undertake Annual Staff Supervision Survey	Oct 2018	Helen Splaine, CSC QA Manager	
2.1.6	Identify mentoring / coaching opportunities to improve the quality of supervision.	Sept 2018	Vicky Buchanan, Head of Service	
2.1.7	Undertake monthly supervision audits and report findings to CSC monthly performance meeting and individual managers supervisions.	Sept 2018	Helen Splaine, CSC QA Manager	
2.1.8	Develop a culture of whole service focus on bi-annual thematic service priorities. 1 st focus being to improve the quality of assessment and supervision.	Sept 2018	Vicky Buchanan, Head of Service	
2.1.9	Provide opportunities for a wider range of members to engage with children's social	By end of Q3	Vicky Buchanan, Head of Service	Head of Service has undertaken a briefing with Full Council & the

Ref	Action	Review Date	Lead	Commentary Update
	<p>care, to enhance understanding of front line delivery, and take advantage of the intake of new councillors following the elections to further raise the profile of the corporate parenting role. <i>(LGA Review – recommendation e)</i></p>			<p>Corporate Parenting Board. Safeguarding Training is being provided to Elected Members and a briefing session is planned to take place before 20th Sept '18 Full Council Meeting. A series of Members Front Line Visits has been arranged. And a presentation is being provided to Overview & Scrutiny in Sept '18.</p>

HOW WE WILL KNOW OUR PRACTICE IS GOOD

Performance Measure	What does it show?	Thresholds			
		Inadequate	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	60-74	75-89	90-100
Percentage of supervisions that met the practice were of a good quality and reflective (audit measure)	Supervisions are good quality.	<70	60-74	75-89	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.	<65	60-74	75-89	90-100
Percentage of cases that meet good for Management Oversight and Effective 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	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	20-24	19-16	<16
Qualitative Information	Feedback from Children and Young People,		Feedback from Staff		

Parents and Carers			
<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 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>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>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, valued, prioritised. Staff feel supported and that supervision is reflective and effective</p>

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	Review, '1 year on' the operational implementation of CSC restructure and report this to CSC SMT. <i>(LGA Review – recommendations c & d)</i>	Sept 2018	Joy Hughes, Service Manager	
3.2	Devise a revised SEF, ensuring the data is consistent, robust and supported by appropriate narrative which is shared with, and agreed by, partnership agencies. <i>(LGA Review – recommendation a)</i>	Sept '18	Helen Splaine, CSC QA Manager	
3.3	Update CSC Learning Improvement Framework, to include additional element to complete the self-improvement cycle, by checking that corrective Kara Haskayne, Service Manager actions are always taken as a result of audit findings. <i>(LGA Review – recommendation j)</i>	Sept 2018	Kara Haskayne, Service Manager	<p>CCG have reviewed structure with Provider and agreed extra resource to enhance support to looked after children, presented to CPB August 2018.</p> <p>CSC has agreed an extra post to Therapeutic Team and are working with GGC and Public Health to commission an online Counselling website.</p> <p>Children's Integrated commissioning group working with CCG on bid to become a trailblazer.</p>
3.4	Undertake an Audit of previous Quality Audit actions to ensure all tasks have been undertaken.	Sept 2018 COMPLETE	Kara Haskayne, Service Manager	Complete - Re-audit undertaken re: Nov 2017 Case File Audit actions. Re-audit finding report to be discussed at August CSC Performance Group
3.5	Review CSC Workforce Strategy.	Sept 2018	Vicky Buchanan, Head of Service	Review undertaken and currently in draft format.

Ref	Action	Progress Review Date	Lead	Commentary update
3.6	Monitor CSC caseloads to ensure safe and appropriate and outcomes for children are improved.	Nov 18	Vicky Buchanan Head of Service	
3.7	Implement the revised AYSE and AYSE Manager Support Programme, to ensure all ASYEs are provided with support and challenge to achieve their Approved Year.	Oct 2018	Joy Hughes, Service Manager	

HOW WE WILL KNOW OUR PRACTICE IS GOOD

Performance Measure	What does it show?	Thresholds			
		inadequate	Requires Improvement	Good	Outstanding
A reduction in practice alerts	That practice alerts undertaken by IRO's are impacting and informing practice and that practice is beginning to improve more consistently.		Decrease		
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	65-79	80-89	90-100
Reduction in average team caseloads	That the design of Children's Social Care allows good quality and innovative work to be undertaken.	>35	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
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Qualitative Information		Feedback from Children and Young People, Parents and Carers	Feedback from Staff
<p>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</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 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</p>