

**Barking and Dagenham's OFSTED action plan in response to the Inspection of Services for children in need of help and protection, children looked after and care leavers (May 2014)**

Area for Improvement (1): Ensure that sufficient checks and enquiries are undertaken before any unplanned removal of children from their families. This concerns the exercise of police powers of protection. This was an area for improvement in the last inspection.

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status
1.1 Audit every Police Protection (PP) case from May 2014 to March 2016 and discuss findings at monthly Police and Social Care meetings. Immediate feedback to relevant practitioners and share learning.	Ann Graham	Teresa De Vito	May 2014 to March 2016	Improved checking of all information and enquiries undertaken before removal of children.  100% of PP cases audited monthly - learning shared with police colleagues and social care staff.  Significant reduction in Police Protection ( <b>target is 20% reduction in PP numbers by March 2015</b> ).  Emergency Protection Orders (EPO) more readily accessible with legal advice.	<b>In place.</b> 100% of PP cases have been audited by the QA Manager between April 2014 to May 2015. The case audit findings are reported and discussed at the monthly meetings with the Police and are reported to the LSCB where any further action and learning is identified. The audits have demonstrated improved checks and enquiries being undertaken before any unplanned removal of children and evidence of improved practice between social care and the police and EDT and the police. The additional capacity in EDT is demonstrating good outcomes. EDT now undertakes home visits and actively engages in helping to get the best outcomes for children and young people.  <b>Completed.</b> The Police Protection Strategy and Protocol have been revised and signed off with Police and Social Care. The impact of these are monitored via the monthly joint strategic meetings with Borough Police, CAIT and Social Care, which have all taken place on schedule with representation of CAIT at every meeting. The Strategy and Protocol are kept under review at the monthly meetings. There will be an annual review in July 2015.	Individual PP audits. LSCB Audit Reports.	
1.2 Develop Police Protection Strategy and revise Protocol and monitor via Police and Social Care at monthly PP meeting.	Ann Graham	Beverley Hendricks	July 2014	Protocol agreed. Audits demonstrate Police contacting social care at the earliest opportunity.	<b>Completed.</b> The Police Protection Strategy and Protocol have been revised and signed off with Police and Social Care. The impact of these are monitored via the monthly joint strategic meetings with Borough Police, CAIT and Social Care, which have all taken place on schedule with representation of CAIT at every meeting. The Strategy and Protocol are kept under review at the monthly meetings. There will be an annual review in July 2015.	Police Protection Strategy and Protocol. Minutes of Meetings.	
1.3 Police colleagues to ensure that social care are informed of all PP cases at the very earliest opportunity to ensure alternatives can be considered and all sufficient checks made by MASH/Assessment.	Tony Kirk Kevin Jeffrey	Beverley Hendricks	From July 2014		<b>In place.</b> Joint training with the police has taken place as part of MASH development. In addition, monthly meetings with the out of hours service also takes place. We are also commissioning Family Support resource to assist out of hours and borough police to reduce the 'risk' and alleviate the need for accommodation or execution of PP.  Agencies involved are encouraged to consider/apply alternative approaches, particularly the use of family and friends network. Key areas of impact are to reduce trauma for children caused by removal from home by Police and where removal is necessary to safeguard children then there is now more focus on them being cared for by a known person/s which also reduces trauma.  Audit report on PP with a specific focus on demonstrating reducing trauma is in draft and will be presented at LSCB.	Individual PP audits. Minutes from Police Protection meetings and LSCB Safeguarding reports.	
1.4 Include PP and EPO numbers and trends in the quarterly safeguarding triggers meetings with Lead Member, Chief Executive (CE) and Director of Children's Services (DCS).	Ann Graham	Vikki Rix	Oct 2014		<b>Completed.</b> Police Protection and EPO numbers and trends are now included in the quarterly safeguarding triggers performance report and discussed in meetings with Lead Member, Chief Executive, DCS and Divisional Director of Complex Needs and Social Care.  <b>Impact and outcomes - The number of children taken into care through the use of Police Powers of Protection has reduced</b> with good progress made against local target set. Police Protection numbers from April 2014 to March 2015 total 69, representing 25% of all admissions into care. This compared to 134 in 2013/14 (43% of all admissions). Our target is a 20% reduction in use of police powers by March 2015 and we have achieved a 18% decline in proportionate terms. Based on actual numbers, the reduction is 48% (nearly halved). Despite the good progress, performance is twice the national average of 13% but we have significantly closed the gap on the London average of 20%).  <b>EPOs</b> - one of the outcomes agreed relates to EPOs being more readily accessible with legal advice. The data shows that from April 2014 to March 2015, there have been 10 EPOs compared to 18 in 2013/14. This has not increased in the last 12 months although the number of PPs has reduced. This is in context of rising numbers of children looked after in the borough: 460 looked after children (LAC) compared to 424 in Q3. Our rate per 10,000 is above our SN neighbours; 80.7 compared to 70 and much higher than national and London rates.	Quarterly Trigger Safeguarding reports. Police Protection data and trend reports.	
1.5 Monitor impact of strategy and practice change by quarterly reporting on PP numbers, trends and themes. Report quarterly to Children's Services Departmental Management Team, LSCB Performance and Quality Assurance (PQA) Committee and 6 monthly at LSCB.	Ann Graham	Teresa De Vito Vikki Rix	Quarterly (review March 2016)		<b>In place.</b> Q1 2014/15 report was presented to the LSCB PQA Committee in September 2014. Q2 report was presented to the LSCB in December 2014. This report provided an update on progress against the strategy, data and trends, audit findings and recommendations.  In addition, London wide discussions on increases in PP are taking place through the London Safeguarding Boards and London Divisional Directors of Children's social care meetings.	LSCB PP Report. PP audits. PP data reports.	
1.6 Set up a Children's Select Committee task and finish working group to evaluate actions and impact.	Cllr John White	Helen Jenner	Jan 2015		<b>In place.</b> Task and Finish Group met in February 2015 and Children's Select Committee reviewed progress of Police Protection and Ofsted action plan as a whole in February 2015. Task and Finish group to be re-established if progress on Police Protection falters with regards to numbers reducing.	Children's Select Committee minutes.	

Area for Improvement (2): Improve the quality of referrals to children's social care by partner agencies to ensure that timely and appropriate decisions are based on all relevant information.

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status	
2.1	DCS and LSCB Chair to write to all partner agencies reminding them of the importance of good quality referrals to social care, which should include all relevant information of the family and clearly identify concerns.	Helen Jenner Sarah Baker	Teresa De Vito	Nov 2014 (Revised to March 2015 to accommodate other Boroughs and MASH launch)	More detailed information on the family and identified concerns and improved quality of referrals leads to improved assessment quality and timescales and full range of issues identified.  100% of all referrals by partner agencies include all family details and concerns identified by April 2015.	<b>Completed.</b> Letter addressing quality of referrals has been produced by DCS and Chair of LSCB - sent out to partner agencies May 2015. A Departmental management team audit on quality of referrals is planned for end of June/July 2015 to examine impact and improving practice.  The letter, guidance and MARF to be placed on LSCB website.	DCS/LSCB Chair Letter. MARF guidance. Copy of revised MARF (all to be on LSCB website).	Green
2.2	Produce guidance and training on completing the new Tri-Borough Multi Agency Referral Form (MARF) across partner agencies and ensure good quality information is included and distributed to partner agencies. MASH to check for compliance and quality. Place on LSCB website.	Ann Graham Meena Kishinani	Beverley Hendricks Teresa De Vito	Nov2014 (Revised to March 2015, see above)	% of re-referrals remains below 15% and lower than benchmarks (25%) by April 2015.	<b>Completed.</b> New Tri-Borough (LBBB, Redbridge and Havering) Multi Agency Referral Form (MARF) has been agreed and presented at the official MASH launch in March 2015. MARF on LSCB website.  MASH has led on the consultation and launch of MARF, and will run twice yearly outreach programme targeting schools, midwifery, health visitors, housing and voluntary sector covering MARFs and good quality referrals. Dedicated officer appointed to commence outreach work effective from November 2014.  MASH is checking for compliance and quality on referrals from partner agencies. MASH is feeding back to referring agencies on quality of information provided and escalating when all family details not included on the referral.  Gap in evidence of outcomes. To measure impact and improvement in this area, audits on the quality of referrals based on OFSTED's findings need to be conducted to demonstrate improvement. DMT audit on quality of referrals took place on 24th June 2015. Report due July 2015.  <b>Performance.</b> Performance on re-referrals has increased to 16% in 2014/15 compared to 8% in 2013/14. Our performance is still around 10% lower than the national average of 25% (13/14).  <b>In place.</b> All training provided to Child Protection leads in schools incorporates the new revised MARF. The next CP lead refresher training is planned for autumn 2015 and will cover the importance of quality of referrals including full details of the family.  In addition, MASH has planned a rolling programme of visits to all LBBB schools prioritising schools that appear to need the most support. The meetings and engagements are evaluated and a report is stored in the evidence bank.	Revised MARF. MASH Launch presentation on MARF. Referral performance data.	Yellow
2.3	Train Child Protection Leads in schools on completing MARFs demonstrating what good quality looks like (see 2.1).	Meena Kishinani	Teresa De Vito	Dec 2014		BDSCB S157 / 175 Education Self Assessment Audits – 2014 /15 report.  Schools evaluation forms after MASH visits.	Green	

Area for Improvement (3): Ensure that child protection strategy discussions are focused on all children in families, are clearly recorded, have engagement from all relevant agencies and identify clear and achievable outcomes.

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status	
3.1	Produce and implement practice standards for all social care managers and key partner agencies and ensure that all practitioners have London Child Protection (CP) procedures on desktop. Implement and monitor for compliance and quality of recording.	Ann Graham Meena Kishinani	Beverley Hendricks Teresa De Vito	Oct 2014	Audits of CP strategy discussions/meetings show improved recording, better information exchange, better attendance and quality of discussion, information received in a timely manner, clear rationale for decisions and timescales for action. Information fed back to LSCB.  <b>Baseline</b> - the baseline will be confirmed by case file audits from October 2014.  Case audits show standard of strategy discussions are less variable, focused on all children, clearly recorded with outcomes.  Attendance at ICS refresher training monitored. Non-attendance escalated to senior management.  Performance reports show improved ICS recording on CP screens including timeliness and outcomes.	<b>Completed.</b> IRO's follow Practice Standards as set out in their 'Standards Framework' and through the Practice Alert process. London Procedures clearly set out the requirements of the Child Protection process, as does the revised Working Together 2015. Checks for compliance are in place performance dashboards and practice alerts.  All practitioners and managers who are HCPC registered sign up to SW standards as part of their continuing registration and these should also be considered.  Children's Services Complex Needs and Social Care introduced new online procedures on 28th May 2015 with 'walk the floor' sessions to induct practitioners to use. The online procedures were commissioned from Tri.x, the country's market leader in this field. The manual gives people working in Children's Services easy access to guidance and standards that help them make professional judgements. The procedures also promote good practice, with the aim of giving the best possible support to vulnerable children and young people in the borough, with the most complex and acute needs.  Green Book of safeguarding policies and procedures for voluntary, community, faith and private sector organisations in LBBB is also published on LSCB website and has been provided to all known CP leads, engaged places of worship and distributed via Community Voluntary Sector.	New online social care procedures - <a href="http://www.proceduresonline.com/lbbd/cs/chapters/contents.html">http://www.proceduresonline.com/lbbd/cs/chapters/contents.html</a> .  IRO Practice Alert and Standards.  BDCB Green Book of safeguarding policies and procedures for voluntary, community, faith and private sector organisations.	Green
3.2	Ensure, where appropriate, multi agency "sit down" child protection strategy meetings with partner agencies takes place to improve engagement and decision making of all relevant agencies.	Ann Graham	Beverley Hendricks	Ongoing		Performance Data.	Yellow	

3.3	Undertake quarterly audits of child protection strategy discussions - audit for compliance and quality. Report to Practice Development and Outcomes Group and follow up with practitioners.	Meena Kishinani	Beverley Hendricks TMs in CN&SC	Oct 2014 Quarterly	<p><b>In place.</b> Individual audits on Child Protection S.47 audits have been undertaken regularly between August and March 2015. Key themes emerging from audits on S47s are:</p> <p>a) Application of threshold based on presenting information appropriate;                  b) CAIT agreement on threshold secured in all cases sampled as part of the audit;                  c) Emerging concerns that on investigation perception of the incident required further exploration by referrer; and                  d) Children seen within 24 hours.</p> <p>Next steps. An overall S47 report covering strategy discussions to be produced and presented at Practice Improvement and Outcomes Group. Further audit work to be planned subject to capacity available for this.</p>	Individual Audits of S47s.	
3.4	Provide ICS refresher training on recording child protection strategy discussions for all team managers and practice managers in social care.	Meena Kishinani	Dan Monahan	Dec 2014	<p><b>Completed and ongoing for new managers.</b> All managers have been trained on the Child Protection screens in ICS, including all new managers.</p> <p>All managers have been provided with copies of the step-by-step user guides to follow when recording CP Strategies and Investigations to ensure they are recording them correctly. Refresher training is available to managers on request.</p> <p><b>Next steps.</b> A review of ICS training is underway to ensure that it captures all the requirements and needs of the service and social workers. This review will be completed by August 2015 and a report is due on findings at PLOG September 2015.</p>	ICS Training Manuals. ICS Training attendance data.	

**Area for Improvement (4): Ensure that all key information is shared and considered at initial and subsequent child protection conferences through regular attendance by all key agencies.**

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status
4.1	Meena Kishinani	Teresa De Vito	Quarterly 2014/15	<p>Improved attendance at Conferences (particular focus on CAIT and GPs).</p> <p>Child Protection Conferences have full information (particular focus on CAIT and GPs).</p> <p>Improved timeliness on sharing of all conference reports.</p> <p><b>Target -</b> % attendance and sharing report Attendance performance tracker for LSCB reports attendance increasing to 50% and sharing reports (when no attendance) to 100% by April 2015.</p>	<p><b>In place.</b> Performance reports related to attendance at CP Conferences and sharing reports are established and data is shared at BDSCB. This report will be presented at every BDSCB meeting rather than quarterly in order for the Board to escalate poor performance. Attendance and sharing reports at Conferences are also reported in the Child Protection quarterly datasets provided at every Board meeting.</p> <p>CAIT has committed to attending all initial Conferences and to send a report for review conferences. The call in facility for Review Conferences has not progressed as the system did not work. CAIT now attend 88% of all ICPC's but are clear they do not have staff in place to cover Reviews but will share information via a report where required (see 4.4 update). CAIT staffing has now increased to 25 established posts compared to 19 at the end of March 2014 but there has been a 35% rise in crime in the borough. CAIT are currently using 2 civilian investigators to attend CPC's. Police are requesting the use of conference call facilities and this will be discussed at a meeting in June. Other boroughs have rejected this as an option. Performance reports on CPC attendance is presented to PQA. GP attendance has been raised with Designated Doctor but this is a national issue as well as a local one. The newly appointed Designated Nurse is exploring alternative ways to engage GP's in the conference process and will report to the next meeting of PQA.</p>	<p>LSCB PQA Performance Datasets and reports.</p> <p>LSCB CP quarterly datasets and analysis.</p> <p>Initial and Review Conference attendance and sharing reports quarterly data - April 2015.</p> <p>PQA and BDSCB minutes.</p>	
4.2	Meena Kishinani	Teresa De Vito	Oct 2014 Quarterly		<p><b>Ongoing.</b> Data on timeliness of sharing reports across the multi agency partnership is not collected at Conferences. Developing a method of collecting this is being discussed with colleagues in the Child protection reviewing Service.</p> <p>Data is available on attendance and sharing reports when not in attendance and this performance data is produced for the BDSCB.</p>	As above in 4.1.	
4.3	Sarah Baker	Meena Kishinani	Oct 2014 Quarterly		<p><b>In place.</b> Regular face to face meetings take place with the LSCB Independent Chair and named GP in respect of GP attendance at Child Protection Conferences and with the Head of CAIT regarding CAIT attendance at CP Conferences. Where necessary, the DCS will raise low attendance at Conferences (below 50%) with Community Safety Partnership and HWBB from December 2014.</p>		
4.4	Sarah Baker	Meena Kishinani	Nov 2014 Quarterly		<p><b>Ongoing.</b> Police attendance at Conferences is detailed in the LSCB Child Protection quarterly datasets, a standard item at every BDSCB meeting.</p> <p><b>Performance.</b> Overall, CAIT (Police) attendance at Child Protection Conferences has declined in 2014/15 to 16% ( 114/706 Conferences) compared to 25% (143/563 Conferences) in 2013/14. It is important to note, however, that the number of Conferences held has significantly increased in 14/15 rising by 25% in real terms. Data on Conference attendance is now broken down by Initial and Review Conferences and Police attendance at ICPCs is high at 88%. Attendance at Review Conferences are the main concern with 5% attended in April (2 out of 41).</p>	<p>As above in 4.1.</p> <p>As above in 4.1.</p>	
4.5	Sarah Baker	Meena Kishinani	Dec 2014 Quarterly		<p><b>Ongoing.</b> GP attendance at CP Conferences has improved in 14/15 to 10% (9/85) compared to 2% (3/126). Although an improvement, this is still far too low. GP attendance has been raised with Designated Doctor but this is a national issue as well as a local one. The newly appointed Designated Nurse is exploring alternative ways to engage GP's in the conference process and will report to the next meeting of PQA.</p>	As above in 4.1.	

Area for Improvement (5): Ensure that assessments include children's wishes and feelings, provide a thorough consideration of parenting difficulties, their impact on the child, and a full analysis of risk.

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status	
5.1	Managers at authorisation stage to ensure that analysis and the views of the child are evidenced within assessments.	Ann Graham GMs (CN&SC)	Team Managers (CN&SC)	In place	All assessments completed with clear evidence of case analysis and the child's voice, wishes and feelings being evident and integrated throughout the assessments process. The new baseline will be confirmed by case file audits from October 2014.  Assessments effectively identify needs and risks for children so that action to reduce risk is identified and families are clear about what change is needed and the consequence of no change.	<b>In place.</b> Managers sign off all assessments and authorise on the basis that analysis and child's views are evidenced. If not assessments are rejected and Social Workers need to action and re-send for management oversight and authorisation.  Ongoing practice and numbers measured monthly in Complex Needs and Social Care performance datasets and local team performance dashboards.	Performance data on authorisations and % of assessments unauthorised monitored weekly team dashboards and monthly dataset.  <b>Gap</b> Audit of assessments to check compliance i.e. Managers authorise assessments on the basis that analysis and child's views evidenced.	Green
5.2	Children's Services DMT to undertake quarterly reviews on the quality of assessments alongside social workers (OFSTED Model)	Helen Jenner	Beverley Hendricks TMs in CN&SC	Nov 2014 Quarterly	Assessment audits show increase in the quality of assessments i.e. those rated as good and reduction in inadequate/adequate assessments.  100% of assessments are seen and signed off by managers - not authorised if poor quality and core standard not met.	<b>November review completed.</b> Children's Services Departmental Management Team carried out a review of assessments alongside a sample of social workers in November 2014. Feedback from this DMT assessment review was positive with a high proportion of good work seen.  <b>March 2015 Review.</b> The March review was replaced by financial audits.  <b>Next steps.</b> Next DMT review of assessments alongside social workers due summer 2015 with randomly selected social workers.	Single Assessment draft in ICS test environment.  Single Assessment guidance and standards - available as an appendix on our online procedures.	Yellow
5.3	Design and set up the new single assessment on Northgate ICS.	Meena Kishinani	Lee Fisher Dan Monahan	Nov 2014		<b>In place on ICS in test environment.</b> The borough's social care Single Assessment was created in the Test Environment of ICS in October 2014. This was demonstrated on ICS to senior managers for initial user feedback in October/November 2014 and feedback and changes were incorporated into a revised test version. The plan was to upgrade ICS in the middle of November and the Single Assessment to go live at end of November 2014. This, however, was postponed due to further consultation around how the Single Assessment with managers and social workers.  In order to assess the quality of the new single assessment, a pilot of the single assessment has been undertaken by Assessment Team 5, DCT and CMTs. This was completed between May and June 2014 and feedback has been positive.  The single assessment has now been formally agreed and signed off. Go live date has been scheduled for September 2015. The guidance and training are due to be rolled out between July and September 2015.		Yellow
5.4	Provide training to all SWs and Managers on how to complete the single assessment, focusing on the analysis of needs and risk, voice of the child - wishes and feelings, parenting factors and difficulties and impact on child.	Ann Graham	Elaine Newcombe Baljeet Nagra Beverley Hendricks	Dec 2014		<b>Planned.</b> The single assessment and associated guidance have been produced but will be reviewed by the Practice, Improvement, Outcomes Group (PIOG) in line with audit findings of the pilot of single assessments.  Theory training is planned for SWs and managers July - September 2015 alongside the ICS functional changes as required once agreed.		Yellow
5.5	Provide ICS training and ICS guidance on how to record the single assessment on ICS to all social workers and managers.	Meena Kishinani	Dan Monahan	Jan 2015		<b>Planned for July - September 2015.</b>		Yellow
5.6	Implement standards required for single assessment and monitor for compliance.	Ann Graham GMs (CN&SC)	Team Managers (CN&SC)	Jan 2015 (revised to April 2015 to allow new systems to be in place)		<b>Planned July - September 2015.</b>	Single Assessment guidance and standards - available as an appendix on our online procedures.	Yellow

Area for Improvement (6): Ensure that all children are seen in a timely manner, assessments are timely and thorough, and written plans consider all areas of need and identify the outcomes sought.

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status
6.1 Team Managers to act upon practice alerts raised by IROs and ensure feedback impacts more effectively on quality. GMs to monitor compliance.	Ann Graham Meena Kishinani	Team Managers (CN&SC) IROs	In place	All children who meet the threshold for assessment receive a timely assessment that is of good quality. All assessments checked and signed off by managers.  Timescales for assessment fit to individual case and met. (Reviewing how to monitor as part of single assessment launch).  All children seen alone (age appropriate) and in a timely manner.  Improved timeliness without loss of quality - measured quantitatively and quality evaluated through audit and supervision notes.	<b>In place.</b> The practice alert process has been revised and implemented standards for CiN, CP and LAC. Quarterly reports on themes and trends are due to be presented at Practice Improvement and Outcomes Group and linked to workforce development and principal Social Worker.  Feedback from Managers and IROs is positive with an improved dialogue, communication and relationships on cases and practice alerts.  Performance information about the timeliness of children being seen/visited is routinely reported and teams now have local data weekly via the new team performance dashboards. Managers take corrective action where necessary. IROs issue Practice Alerts where practice does not meet required standards - see Practice Alert process. Results from this are fed into an annual audit process and performance reporting.	Practice Alert Process.	Yellow
6.2 Implement a robust performance system to report on timeliness of seeing children. Performance report at monthly Complex Needs & Social Care Senior Management Team (SMT), Children's Services DMT and LSCB.	Meena Kishinani	Vikki Rix	Oct 2014 Reviewed monthly	Baseline - 75% of assessments completed within 45 days.  Milestone 80% by April 2015 85% by Sept 2015  Improved written plans with outcomes identified. All IROs/CP Chairs to monitor statutory visits to children and receive reports from ICS.	<b>In place.</b> CiN, CP and LAC visits to children already established and reported on. Robust performance system regarding timeliness of seeing children is in place with introduction of weekly team dashboards as well as monthly reporting.  <b>Performance.</b> Timeliness of statutory visits has improved in 2014/15. As at the end of Q4 2014/15, CP visits at 95% (97% currently), 3 monthly LAC visits at 91% and 6 weekly LAC visits at 84%. 6 monthly CiN visits at 98% and 3 monthly CiN visits at 87%. Improvement plans are in place for the above indicators.  The percentage of assessments completed within 45 days as at the end of Q4 2014/15 remains at 73% comparable with Q3. This is lower than our end of year 13/14 outturn of 78% and we have not met our target set at 80%. It is important to note that demand is continuing in the Assessment Service with the number of assessments completed in 2014/15 rising by 6% to 2998 compared to 2817 completed assessments in 2013/14.  The Business Support Manager is now in post on a secondment to drive forward local performance and improvements in recording and analysis of management information. All teams have access to ICS BO reports. Team performance dashboards have also been created and are updated on a weekly basis to enable managers and workers to monitor performance in a timely way, addressing outstanding visits, but also providing the ability to calculate next visits due.	Local performance datasets  Complex Needs and Social Care team performance dashboards	Yellow
6.3 Develop procedures, standards and set of expectations required for care plans covering CiN, CP and LAC. Audit for compliance and quality.	Ann Graham Meena Kishinani	Group Managers (CN&SC) Teresa De Vito	Dec 2014		<b>Completed.</b> Online Tri-X procedures introduced on the 20th May 2015 and launch events with staff took place on 28th May 2015. Procedures are now on line.	New online social care procedures - <a href="http://www.proceduresonline.com/lbbd/cs/chapters/contents.html">http://www.proceduresonline.com/lbbd/cs/chapters/contents.html</a>	Green
6.4 Recruit additional Social Workers and Managers to ensure case loads managed down and work effectively monitored.	Ann Graham	Group Managers (CN&SC)	April 2015 (ongoing programme)		<b>In place.</b> The Workforce Strategy has been revised and is in place. We have recruited a specialist Recruitment Manager to assist with stabilising the workforce in social care. This person has been in post since August 2014. A project plan and recruitment timetable has been developed and is being monitored via the Stabilising the Workforce project group.  Recruitment of social workers and team managers as part of an ongoing programme is well underway. A new social care recruitment website has been introduced and is now live. A package of benefits for working in LBBB has been put in place to enhance the recruitment process, including a comprehensive overview of the local housing offer and benefits in the borough.  • In the 3 months to end of April 2015, a total of 10 social workers have been offered posts following interviews. Of these, 7 are new Newly Qualified Social Worker (NQSWS) recruited to our ASYE programme starting in May 2015. The ASYE programme has already successfully recruited 4 NQSWS social workers to the September 2015 intake. • In addition to the above, 3 other experienced SWs have started working for us. Also, 2 of our agency staff have moved to become permanent. • We have also recruited 2 senior team manager posts. One, an agency worker took up post in April and the other will take up post in June. • The housing offer is being promoted and one social worker has accepted. • The recruitment campaign includes regular adverts in the media. We have a number of agencies working with us to appoint staff on a 'temp to perm' basis.  In May, we are embarking on higher profile campaigns to raise our profile in the market and attract best professionals, not just job hunters. This involves an improved people brand to deliver new market profiling, Google and social media marketing. We are also adopting a direct media engagement plan to further.  Caseload review meetings are held monthly with DMT and GMs of Complex Needs and Social Care to monitor numbers and trends and recruitment activity.	Workforce Strategy  Caseload reports and weekly team dashboards  Recruitment Project Plan  New Social Care Recruitment Website  <a href="https://www.lbbd.gov.uk/residents/jobs-and-careers/childrens-services-jobs/introduction-from-the-director/">https://www.lbbd.gov.uk/residents/jobs-and-careers/childrens-services-jobs/introduction-from-the-director/</a>  Guide to Induction for Children's Social Care Group Managers, Team Managers and Social Work Staff (revised March 2016)	Yellow

Area for Improvement (7): Introduce a permanency policy that emphasises parallel planning from the earliest point when children become looked after, as well as tracking of the timescales for individual children with a plan for adoption.

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement	Inspection Evidence - June 2015	RAG Status
7.1 Implement a local adoption tracker with timescales for all individual children with a plan for adoption and monitor outcomes at Permanency Planning Group.	Ann Graham	Joanne Tarbutt	June 2014	Increased opportunities for adoption and improved adoption timeliness as measured locally and via DfE Adoption Scorecard.  Improved permanency and parallel planning. Permanency Planning is corporately owned.  Permanency policy is evidenced from the beginning of the child's journey in social care. Robust monitoring of timescales and drift is challenged.	<b>Completed.</b> Adoption tracker has been implemented for all individual children with a plan for adoption. This is being monitored at Permanency Planning Group (PPG) on a monthly basis.  <b>Performance.</b> In 2014/15, 32 children were adopted compared with 17 in 2013/14, which is good performance. This represents 11% of children looked after that left care adopted in 2014/15 compared to 6% in 2013/14. Although a much higher number of children have been adopted this year, timeliness still remains an area of improvement.  In January 2015, members of the Adoption Leadership Board visited LBBB Children's Services to discuss the number of children waiting for adoption over 18 months. The meeting was very positive and the work being undertaken by the Local Authority Adoption Service noted.  In 2014/15, provisionally, the time taken to adopt children has increased and this will impact on the DfE adoption scorecard calculation 2012-15 once published. The average time taken between a child entering care and moving into its adoptive family increased to 731 days compared to 625 days in 13/14. The average time taken from when the authority receives a Court Order agreeing to a child being adopted and the child is matched with an appropriate adopter was also longer - 313 days compared to 198 days in the previous year.  <b>In place.</b> Consistent representation from IROs (CPRS team) at PPG is now in place to ensure any delays in permanency planning is picked up via this service in addition to the Social Worker and Adoption Teams. Practice alert process monitors permanency policy and drift. IROs evidence of scrutiny on case files. Reports and outcomes of audits presented at PPG. Drift on cases and care plan raised and challenged via PPG.  After discussion, it has been proposed to implement this action once more permanent social work staff have been appointed.	Adoption Tracker.  Adoption performance report and Scorecard (DfE).  Adoption annual report 2013/14 and 2014/15 (in draft).  PPG minutes.	Green
7.2 Ensure all IROs escalate cases of children who do not have a permanence plan at second review to social care team managers. Monitor for compliance.	Meena Kishinani	Teresa De Vito	Sep 2014 Quarterly				Green
7.3 Identify key practitioners/SWs for support and put in place improvement coaching for those practitioners/SWs with weak permanency planning.	Meena Kishinani	Linnet Whittaker	Impact Review April 2015				Yellow
7.4 Revise current permanency policy and agree Policy at Cabinet post consultation with LSCB, Corporate Parenting Group, HWBB and Children's Trust.	Ann Graham	Joanne Tarbutt	Nov 2014		<b>Completed.</b> Permanency policy is now available via the online procedures and operational.	Permanency Policy via the online procedures.	Green

Area for Improvement (8): Further develop consultation arrangements for children in care, including through increased representation of looked after children in the children in care group.

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status
8.1 Re-launch the children in care pledge to all children in care and increase mechanisms/ways in which children in care feed into the Children in Care Council.	Ann Graham Jane Hargreaves	Erik Stein	Oct 2014	Consultation arrangements developed and widened, with larger numbers of LAC involved including Out of Borough.  All children, young people and their carers to have knowledge and copies of the Pledge for CIC and understand how this links to the care they provide.  Increased representation of LAC in CiC Council, across all age groups.  Baseline - 7 in April 2014  Milestone 9 by Sept 2014 12 by April 2015	<b>Completed.</b> Copies of the LAC Pledge and details of how to make a complaint and have been re-sent to all looked after children twice, resulting in an increased number of contacts with Children's Rights Officer.  A Pre-Assembly briefing was delivered to Council Members regarding the work of the Children in Care Council to raise awareness and expectations, and to support the re-launch of the LAC Pledge. Extremely positive feedback received and recorded.  Children in Care Council regularly consulting with wider members through LAC youth groups. Outcome framework developed for measuring impact of each element of Pledge, both qualitative and quantitative. Outcomes measured in November 2014 against November 2013 baseline demonstrating positive or neutral direction of travel against 26 indicators compared to negative direction of travel against 5 indicators. Framework data to be repopulated every autumn. Pledge outcomes framework presented to Members' Corporate Parenting Group and well received. Work ongoing to address negative indicators.	LAC pledge. Preassembly briefings and feedback. LAC outcome framework and results.	Green
8.2 Establish plan to increase consultation arrangements and LAC representation in the children in care council. Implement plan and review impact at Corporate Parenting Group.	Ann Graham Jane Hargreaves	Erik Stein	Dec 2014		<b>On track.</b> The CiC Council has increased its membership to 13 compared to 7 since the inspection and we have exceeded our local target set at 12 members by April 2015, with addition of care leavers a priority. Meetings with Social Care teams diarised to increase this figure further. Skittlz and LAC groups have been restructured so that Skittlz has access to wider consultation group.  Total Respect training delivered by two Care Leavers to 24 professionals including schools, health, Social Workers, Family Support Workers. Feedback extremely positive. 110 responses received to annual Social Worker appraisal consultation, 86% increase on 2014. Positive direction of travel against 57% of indicators. 28 LAC responded to additional Children in Care Council consultation in Autumn 2014. Between 10-20 review forms completed via Careweb.tv per month. 3361 hits recorded during Jan-March 2015, with 11-25 unique visitors per month.  LAC now able to submit views via online review forms. 3361 hits recorded during Jan-March 2015, with 11-25 unique visitors per month.	LAC consultation reports.	Green

8.3	Run 6 monthly surveys to monitor LAC views on participation and quality of services received. Findings to inform annual LAC review reported to Corporate Parenting Group.	Ann Graham Jane Hargreaves	Erik Stein	Dec 2014	<p><b>Completed.</b> LAC survey conducted by CiC Council in Autumn 2014, with results reported to MCPG in Q4 2014/15. 28 responses received, an increase of 115% on previous year. Responses positive against most indicators. Areas of concern include 26% of respondents reporting 4+ Social Workers in the past year. However, 69% stating they understand why Social Worker has changed. 54% state they are not visited by IRO prior to review. However, the % that are spoken to by phone is not recorded.</p> <p>Social Worker appraisal surveys conducted February 2015. 114 replies, an increase of 92% on the previous year. Improvements recorded against 57% of measures i.e. Has your social worker told you about your rights and responsibilities? Do you know who to contact if your SW is not available? Do you normally have contact with your SW between visits? Do you get to speak to your Social Worker alone.</p>	LAC survey and results 2014/15. SW Appraisal results and report February 2015.	
8.4	Provide copies of the CIC pledge to all foster carers and residential staff to ensure pledges and impact for young people regularly considered (include in Annual Reviews).	Ann Graham	Joanne Tarbutt	Dec 2014	<p><b>Completed.</b> The CiC Pledge has been distributed to all foster carers and residential staff within timescale (by the end of December 2014).</p> <p>Further activity relates to all in-house carers being measured against Pledge in foster carer annual reviews and in SSW supervisions. All in-house, agency carer and residential worker to be asked specific questions at LAC reviews about how they are contributing to implementing the pledges.</p>		

**Area for Improvement (9): Improve the quality of planning towards adulthood for those leaving care, with a greater focus on those not in education, employment or training, or with other vulnerabilities.**

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status	
9.1	Ensure all young people have Pathway Plans and action is taken to ensure appropriate EET plans are implemented.	Ann Graham	Joanne Tarbutt	Dec 2014	<p>Quality of care leavers planning towards adulthood improves.</p> <p>All care leavers have an up to date Pathway Plan and case file audit of pathway plans report increase in those rated good or better. Baseline to be established November 2014.</p> <p>Baseline - % of care leavers aged 18 plus 100% Milestone 100% by April 2015</p> <p>Baseline - % of LAC aged 16-17 with an up to date pathway plan 75% Milestone 100% by April 2015</p> <p>Reduction in care leavers NEET. Gap between NEET LAC and local children reduced. Corporate Parenting Group key focus.</p> <p>Baseline - % of care leavers known to L2L service NEET 34% Milestone 30% by Sept 2014 25% by April 2015</p>	<p><b>Improvement required.</b> As at the end of Q4 2014/15, 152 out of 154 young people (99%) aged 18 + have an up to date pathway plan – the same as 13/14. The number of young people who are aged 16 and 17 with an up to date pathway plan is 72 out of 83 (87%) compared to 76% at the end of March 2013/14. Of those 83 young people, there are 25 out of 35 allocated in the Assessment and Care management services who have an up to date pathway plan and 47 out of 48 allocated in the Learn2 Live team who have a pathway plan (98%). Improvement plan is in place and monitored at CN&amp;SC performance senior management team monthly meetings .</p> <p>All team managers in the service have been briefed that pathway plans need to be completed by age 15 and 9 months to comply with legislation. Current drive is improving pathway plans for 16 -17 year olds and implementation of by age 15 to commence in April 2015/16.</p> <p><b>In place.</b> NEET performance is covered in the standing agenda item on LAC and care leavers performance at each Corporate Parenting Group meeting. NEET events are organised twice yearly by L2L - providers of post 16 EET options to attend and all young people aged 15+ to be invited. Reciprocal apprenticeship opportunities with other Local Authorities in East London to be explored within Children's Services.</p> <p><b>Performance.</b> The percentage of care leavers aged 19-21 not in education, employment or training (NEET) is continuing to decline, reducing from 34% in 13/14 to 28% as at the end of 14/15. Care leavers in EET as at Q4 14/15 is 54.7% (93/170) and above the end of year 2013/14 figure of 51%. Performance is RAG rated green as performance exceeds the national average of 45%.</p> <p><b>Completed.</b> Care leavers group, chaired by GM for LAC, has been established and meets monthly 2015 so that a range of actions can be monitored and progressed.</p> <p><b>Completed.</b> Care leavers pledge has been produced and this has been distributed to all care leavers and their placements establishments to ensure a wider circulation. The pledge has been published in a young person friendly version and is in line with the LAC pledge for consistency. Impact to be reviewed annually.</p> <p><b>Completed.</b> New pathway plan is in place and operational. The pathway plan is a word template devised by young people and the leaving care service.</p> <p><b>Completed.</b> Arrangements are in place for pathway plan to be indexed into ICS with guidance and training. The new pathway plan is a word document. Monitoring compliance takes place via weekly performance dashboards produced by the Business Support Manager.</p>	<p>Performance datasets and weekly team dashboards</p> <p>Performance analysis</p> <p><b>Gap</b> Audit of new pathway plans checking for compliance and quality</p> <p>LBBB Corporate Parenting Group agenda and minutes</p> <p>L2L Service Presentation</p> <p>Corporate Parenting Strategy and action plan</p> <p>Corporate Parenting Group Performance Dataset</p> <p>Copy of Care Leavers Pledge</p> <p>New pathway plan Evidence of care leavers input into devising new pathway plan MCPG minutes</p> <p>As above 9.5</p>	
9.2	Corporate Parenting Group to challenge NEET performance and review how Council and partners improve position.	Cllr Channer	Joanne Tarbutt Erik Stein	Ongoing				
9.3	Establish a Care Leavers Group made up of LA staff to drive forward improvements and monitor outcomes. Report to Corporate Parenting Group.	Ann Graham	Joanne Tarbutt	Oct 2014				
9.4	Publish and distribute the Care Leavers Pledge across the service and to all care leavers.	Ann Graham	Joanne Tarbutt	Oct 2014				
9.5	Revise current pathway plan and replace with a simple modified plan that is outcome focused, friendly, accessible and includes long term ambitions.	Ann Graham	Joanne Tarbutt	Nov 2014				
9.6	Set up new pathway plan on ICS and train all social workers and managers across the service.	Ann Graham	Joanne Tarbutt	Dec 2014				

**Area for Improvement (10): Continue to improve the opportunities for young adults leaving care to continue living with their carers as part of 'staying put' arrangements.**

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status
10.1	Ann Graham	Joanne Tarbutt	Ongoing	Each transition decision to be fully analysed with the young person's future at the heart of decision making. This may lead to an increase in staying put and must lead to better pathway planning.	<b>In place.</b> Transitional care planning takes place and staying put arrangements are discussed at all TCP meetings with care leavers.  Dip sample audit required to check young people being challenged to consider all options for their future and to consider the longer term consequences of their choices in those TCP meetings.	<b>Gap</b> Audit required to check compliance	Green
10.2	Ann Graham	Joanne Tarbutt	Dec 2014		<b>On track.</b> Staying put arrangements are discussed and recorded in LAC reviews for young people aged 16 to 17 inclusive. A dip sample audit of LAC reviews for 16 and 17 year olds to check compliance needs to be planned summer 2015.	Quick straw poll of IROs confirmed that where relevant for the child they discuss Staying Put and record in the LAC review.  <b>Gap</b> Audit required to check compliance	
10.3	Ann Graham	Joanne Tarbutt	Dec 2014		<b>Completed.</b> Staying Put policy, including financial costs of implementing the scheme, has been produced. A schedule of training covering expectations of Staying Put arrangements i.e. young people continue preparation for independent living and the carers role in this, will be delivered to all foster carers in 2015.	Staying Put Policy.	

**Area for Improvement (11): Develop and implement medium and long-term strategic service plans that fully take account of known and estimated increases in amount and type of demand for the whole range of services for vulnerable children.**

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status
11.1	Chris Naylor	Salauoddin Asghar	Dec 2014	Council Plans MFTP reflect and address changing children's demographic and its implications - Dec 2014.  Strategic plans ensure demands can be met.	<b>Completed.</b> A Corporate Peer Review was commissioned in July 2014 and undertaken by the LGA - this was aimed at reviewing impact of changing demographic in the borough and LA capacity to manage demand in Children's Services with declining resources. An action plan has been developed and recommendations are being implemented and monitored corporately reported at Cabinet.	Corporate Peer Review Report and Action Plan - progress reports.	Yellow
11.2	Helen Jenner	Ann Graham	Sept 2014 Report Dec 2014		<b>Work commissioned.</b> March 2015 summary of data produced. Decision taken to move LBBB aspect of this work to future Social Care Programme Board.		
11.3	Helen Jenner Chris Naylor Cllr Bill Turner	<b>Karen Wheeler (now left)</b> Richard Lundie-Sadd	Feb 2015		<b>Planned</b> as part of Council financial planning. Programme management capacity now attached to Children's Services to manage this work going forward. Updated data supplied through Schools Building programme reports but analysis not yet complete.		
11.4	Helen Jenner Chris Naylor Cllr Bill Turner	Meena Kishinani Richard Lundie-Sadd	April 2015		<b>In progress.</b> Full social care staffing sufficiency undertaken and costed April 2015. External challenge will be completed by September 2015.		
11.5	Chris Naylor Cllr Bill Turner Helen Jenner	Ann Graham	April 2015		<b>To be planned.</b> External HMI standard consultant planned to provide peer challenge on particular service aspects in social care December 2015. Full Peer Review planned for early 2016 (not 2015).		

**Area for Improvement (12): Strengthen management oversight, including oversight of plans by conference chairs and independent reviewing officers, as well as formal social worker supervision, to reduce drift or delay in assessments.**

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status
12.1	Ann Graham	GMs (CN&SC)	Dec 2014	Overall service improvement - better outcomes for children and young people and timeliness.  Audit shows reduction in inadequate new plans to 0% by end of November 2014. 50% good by December 2014 (evidenced in audit and supervision notes).	<b>In place.</b> The set of expectations for the social care service were put in place in April 2014. Online procedures are also now available and this will support and promote greater consistency in practice - delivered in timescale.	Online social care procedures	Green
12.2	Ann Graham	GMs (CN&SC)	Oct 2014		<b>Completed.</b> The Supervision Policy has been officially launched and is available via the online procedures. The Supervision Policy is being reviewed and this will include guidance about the recording of casework supervision.	Supervision Policy  <b>Gap</b> Supervision audit findings.	

12.3	Establish quarterly meetings with CPRS GM and CN&SC Team Managers to review supervision practice. Implement a coaching model to improve supervision as required.	Ann Graham Meena Kishinani	Teresa De Vito Team Managers (CN&SC)	Nov 2014 Quarterly	<p><b>Planned.</b> This is linked to 12.2. Audit findings will inform training needs for individuals across the service. All IRO's are linked to a social care team and attend quarterly team meetings. Focus is Practice Alerts with SW practice and manager's oversight as part of this discussion.</p> <p><b>Completed.</b> Midway reviews of CP and LAC reviews has been implemented as part of the Practice Alert process. This is enabling IROs to escalate and challenge drift and to check that actions at CPC's and LAC Reviews are being implemented before the 6 month review with the social workers.</p> <p>Impact to be reviewed through case file audits of reviews. Audit of 50 Child Protection plans is underway and will cover midway CP reviews. LAC review audit planned summer 2015.</p> <p><b>Not in place yet.</b> This remains an outstanding action due to the time taken to recruit permanent managers.</p> <p><b>Ongoing recruitment.</b> Recruitment strategy and timetable is in place. We have recruited 2 senior team manager posts. One, an agency worker took up post in April and the other will take up post in June. Work ongoing.</p>	
12.4	Implement midway reviews of CP and LAC reviews to ensure actions from previous reviews and progress is being made plans. Escalate drift and delay through safeguarding practice alerts.	Meena Kishinani	Teresa De Vito	Nov 2014		
12.5	Undertake specific training for managers based on feedback on the quality of their management and supervision roles.	Ann Graham	Linnet Whittaker	Dec 2014		
12.6	Recruit additional managers set out in the social care redesign model to strengthen management oversight.	Ann Graham	GMs (CN&SC) HR	April 2015		

**Area for Improvement (13): Ensure that corporate parenting responsibilities are fully understood by elected members to achieve greater awareness and accountability across the local authority.**

Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Outcome	Progress to date and evidence of improvement June 2015	Inspection Evidence - June 2015	RAG Status
13.1	Ann Graham	Joanne Tarbutt	Nov 2014	Priorities for looked after children are driven and agreed by the Members Corporate Parenting Group and understood by all elected members.	<b>Completed.</b> The Corporate Parenting Group has a new Chair and ToR and governance have been revised and adopted by the Corporate Parenting Group April 2015.	Revised ToR and Governance.	
13.2	Ann Graham	Vikki Rix	Oct 2014	Good attendance at meetings and at training delivered to elected Members on Corporate Parenting Elected Members to achieve greater awareness and accountability.	<b>Completed.</b> In response to the Lead Member of Children's Services requesting a more detailed and analytical report on LAC and care leavers, the local performance dataset has been revised and expanded considerably. The report provides an update on numbers and trends as well as trends in safeguarding, education, EET and health outcomes with benchmarks and analysis. The improved datasets has been well received at the Corporate Parenting Board.	Corporate Parenting quarterly LAC dataset and analysis. Minutes of MPCG demonstrating discussion and member challenge on performance.	
13.3	Ann Graham	Joanne Tarbutt	Annual		<b>Completed.</b> The 2013/14 Corporate Parenting report has been produced and was an agenda item at the October Corporate Parenting Group. Work planned to produce 2014/15 MPCG annual report.	Corporate Parenting annual report 2013/14. Children's Trust Corporate Parenting reports.	
13.4	Fiona Taylor	Fiona Jamieson	Annual		<b>Completed for 2014.</b> A training session for new members was delivered to 20 Council Members regarding the work of the Children in Care Council to raise awareness and expectations in September 2014. The session was very well attended and received by Members and who reported that they felt their knowledge and understanding of Skittiz, looked after children and their corporate parenting role had increased. This event was positively received. Planned annual Pre-Assembly briefings by CiC group in place.		
13.5	Ann Graham	Joanne Tarbutt	March 2015		<b>Completed.</b> Corporate Parenting Strategy and Action Plan has been refreshed and agreed with Members at Panel on 17th June 2015.	Corporate Parenting Strategy and Action Plan 2015-2018.	