

SAFEGUARDING IMPROVEMENT PLAN AND PROGRESS REPORT, MAY 2019

Children, Young People and Families Service, Plymouth City Council



Children, Young People and Families Service Improvement Plan

INTRODUCTION

We remain ambitious and determined to achieve the best outcomes for children and young people in Plymouth. We will build on the sustained improvements already achieved and recognised, so that all services are good or outstanding.

This Improvement Plan was developed following an Ofsted inspection undertaken in October and November 2018, under the Inspection of Local Authority Children's Services framework (ILACS). The report was published January 2019. The overall judgement from this inspection is that Plymouth Children, Young People and Families Service (CYPFS) requires improvements to be good.

The plan is work in progress and each area has more detailed plans that are being implemented and monitored by the monthly Improvement Board in the Children, Young People and Families Service, and chaired by the CYPFS Service Director. The activity set out in this over-arching plan forms the core of the corporate safeguarding improvement plan for children and young people. Progress will be reported to and monitored by the quarterly Safeguarding Assurance Meeting chaired by the Leader of the Council, as well as overseen by the Overview and Scrutiny Committee.

BUILDING ON PROGRESS AND EVALUATING THE QUALITY OF PRACTICE

We will continue to build on progress and improvement achieved since the ILACS in the key areas of concern highlighted during the inspection. Key progress to date includes:

- **A reduction in the % of children subject to multiple CP Plans**

The percentage of children on multiple plans has reduced from 26.8% in Mar 18, to 22.7% in Mar 19 below our target, and just below our Statistical Neighbour Group (SN) published figure of 23.9%.

- **Improved Short-term Placement Stability**

Over the last six months short-term placement stability has been a key area of improvement down from 12% in Mar 18 to 10.7% in Mar 19 and below our SN published figure of 13.5%.

- **Increased Long-term Placement Stability**

This has improved from 63% in Mar 18 to 66.1% in Mar 19 and is now just above our SN published figure of 65.9%.

- **Care Leavers Education, Employment or Training (EET) and Accommodation**

The proportion of Care Leavers that are in Education, Employment or Training as at the end of March 2019 was 56.6%, this is a 12.6 percentage point increase on the March 2018 position. The proportion of those in suitable accommodation also saw a substantial increase from 86.0% in March 2018 to 94.3% in March 2019. In addition 'staying put' increased from 2.6 percentage points to 16.7%.

A key focus will be maintained on improving all outcomes and those that relate to this plan will be monitored through a specific data set. This will be reported and reviewed in the Improvement Board and Safeguarding Assurance Meetings.

Reports and evidence will also be considered in relation to improving the quality of practice through audit and quality assurance activity. This will include evidence of embedding learning, and the impact of audit activity on improving outcomes.

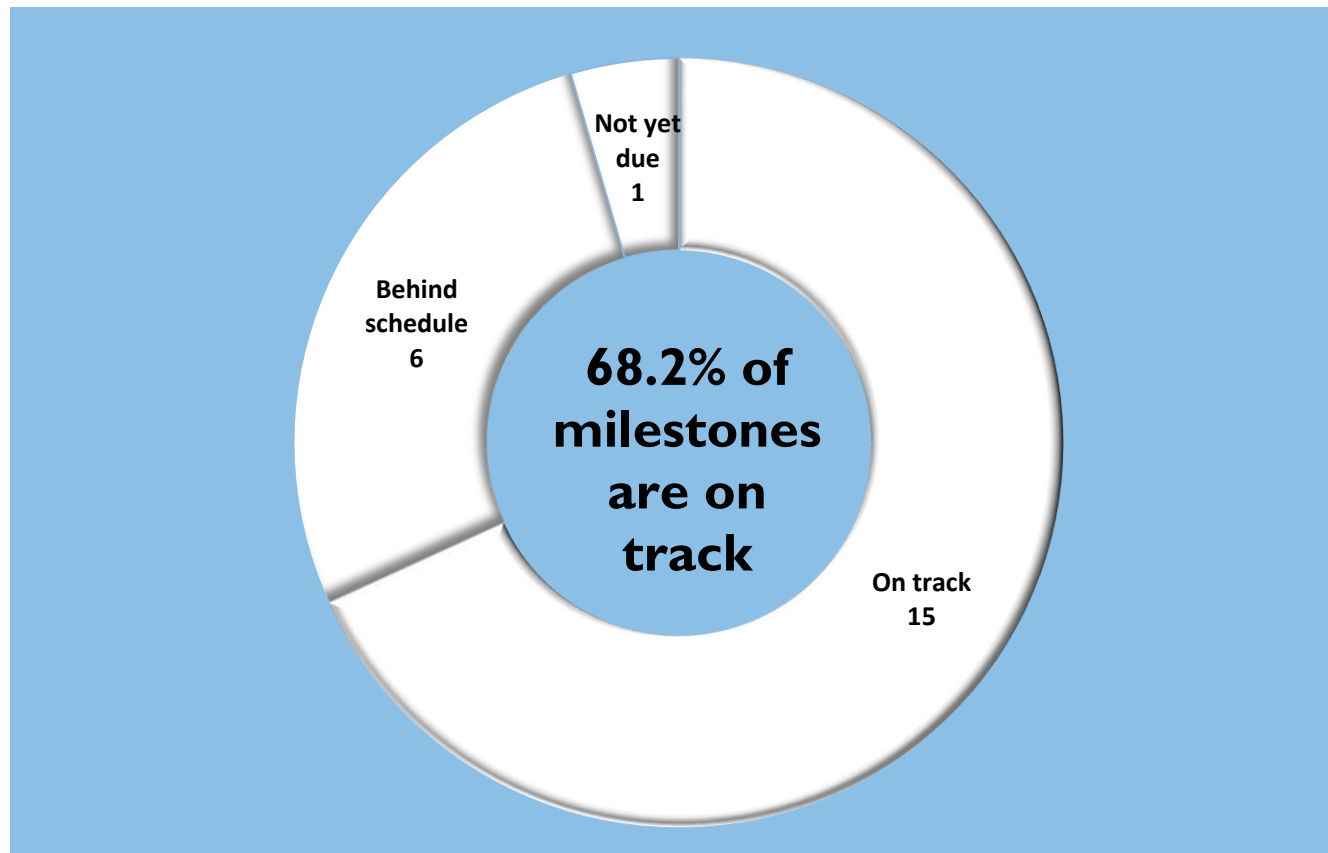


Alison Botham
Director of Children's Services

Summary of progress against milestones

There are 22 individual milestones across the six ILACS priorities. As shown in the figure below, we are currently on track with progress against 15 of the priorities (68.2%). One of our milestones is not yet scheduled to begin relating to: 1.4 “Ongoing rolling programme of multi-agency auditing will be undertaken by the operational steering group. Learning from audit work will be reviewed bi-monthly by the strategic steering group.” This work is due to commence in July 2019.

More information about progress against milestones is found within the sections of the report based on the Quality Performance Review Meeting (QPRM) methodology adopted by the Children, Young People and Families Service, which assesses progress based on three key questions: “What’s working well?” “What are we worried about?” and “What needs to happen?” behind.



ILACS Priority Action 1: Strategy discussions

We will improve the quality of strategy discussions, including records of decision-making and action plans so that families do not experience unnecessary intervention

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
I.1	Review of workflow and processes around Section 47 (s47) in the Plymouth Gateway Service has been completed.	<p>KPIs indicate consistent conversion rates and timeliness.</p> <p>Safe decision making within statutory guidance.</p> <p>Records evidence appropriate decision making and management oversight in respect of all contacts and referrals and workflow tracker system implemented.</p>	<p>Monthly review in the CYPFS Improvement Board KPIs and in service audits.</p> <p>Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM</p>	<p>Commenced: January 2019</p> <p>(Quarterly updates: Mar-19, June-19, Sep-19 and Dec-19)</p> <p>ON TRACK</p>
I.2	We will increase management capacity within the Plymouth Children's Gateway Service by the appointment of a permanent Multi Agency Safeguarding Hub (MASH) Team Manager in order to provide consistency in threshold decision making when initiating strategy discussions, and by the siting of the s47 duty team manager in MASH each week to improve participation and communication.	<p>Increased management capacity is in place, enabling and sustaining consistent threshold decision making and recording as evidenced by rate of rate of s47 KPI.</p> <p>Maintain monthly monitoring re rate of s47 KPI.</p>		<p>Commenced: January 2019</p> <p>ON TRACK</p>
I.3	Benchmark audit of s47 cases and strategy discussions has been undertaken by the Head of Service in December 2018 and repeated in January 2019 as part of the Plymouth Children's Gateway Review by multi-agency partners and learning discussed with team management group.	<p>Improvement in threshold management for s47 decisions evidenced through audit.</p>		<p>Commenced: January 2019</p> <p>(Quarterly updates: June-19, Sep-19 and Dec-19)</p>

	Plymouth Children's Gateway Review will be repeated in June 2019.			ON TRACK
1.4	Ongoing rolling programme of multi-agency auditing will be undertaken by the operational steering group. Learning from audit work will be reviewed bi-monthly by the strategic steering group.	Sustained improvement in threshold management for s47 decisions evidenced through audit. Link to CYPFS Performance and KPI data Monthly monitoring activity.	Monthly CYPFS review of s47 rate KPI.	Commencing: July 2019 NOT YET DUE
1.5	Need for SMART recording of actions identified has been raised with Team Managers within a dedicated practice reflection seminar.	SMART actions recorded within minutes of strategy discussions and monitored and tracked by the responsible Team manager.		Commenced: December 2018 SLIGHT SLIPPAGE
1.6	Head of Service for Referral and Assessment Service has met with all Team Managers across the Children's Social Work and Permanence services individually to discuss improving strategy discussion recording.	Securing effective practice improvement evidenced by rate of s47 KPI and s47-ICPC timescales KPI.	Quarterly SAM s47 rate KPI. Quarterly audit reports.	Commenced: January 2019 SLIGHT SLIPPAGE
1.7	We will secure and monitor practice improvement by working with partners to improve workflows and threshold decisions the MASH. Improving and sustaining progress: rates of referrals; conversion rates of referrals to single assessments; s47 conversion rates; and workflow rates through the MASH.	Secured improvement against KPI performance data; % strategy discussions which led to s47 investigations % of S47 investigations leading to ICPC.		Commenced: January 2019 ON TRACK

ILACS Priority Action 1: Progress against milestones

What we want to achieve: A higher quality of strategy discussions, including records of decision-making and actions. This will prevent our families from experiencing unnecessary interventions.

How are we doing? There are seven progress milestones that, if achieved, will evidence improvements in our strategy discussions. We are currently on track with our progress towards four of these seven milestones, with the remaining milestone not due to come online until July 2019.

Supporting performance analysis: At the end of quarter four, 80.6% of Initial Child Protection Conferences were held within 15 working days of a strategy discussion, which is above the 75% target. In 2019/20 we will be looking to increase this percentage further.

	2017/18 Actual	Pre Ofsted Visit							Post Ofsted Visit					2018/19 Local Target
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
% Strategy discussions that lead to S47 <i>* This is a proxy measure</i>	69.4% (Local)	53.1%	50.5%	70.9%	66.2%	71.0%	74.8%	72.6%	62.9%	59.7%	45.1%	42.3%	57.3%	Monitor only
Section 47 enquiries per 10,000	357.3 (LAIT)	▼	▼	▲	▼	▲	▲	▼	▼	▼	▼	▼	▲	
% S47 leading to ICPC <i>* This is a proxy measure</i>	22.5% (Local)	18.1%	19.2%	14.5%	21.4%	29.6%	9.3%	12.3%	17.3%	44.9%	48.3%	51.7%	23.5%	Monitor only
ICPCs per 10,000	87.8 (LAIT)	▼	▲	▼	▲	▲	▼	▲	▲	▲	▲	▲	▼	
% Initial Case Conference within 15 working days of Strategy Discussion YTD	91.3% (LAIT)	100.0%	90.2%	80.0%	76.6%	79.5%	81.5%	80.2%	77.5%	79.3%	78.4%	80.3%	80.6%	75%
% ICPC leading to CP Plans <i>* This is a proxy measure</i>	94.7% (Local)	82.6%	82.1%	79.3%	100.0%	81.0%	85.7%	100.0%	90.0%	90.0%	73.8%	83.9%	100.0%	Monitor only
		▼	▼	▼	▲	▼	▲	▲	▼	▼	▼	▲	▲	

Colour key: indicator performance is Red, Amber or Green against target (to be Amber means that the figure is within 15% of the Target). The direction of travel is simply Green (positive movement) or Amber (negative movement). Please note: The figures shown above are taken from our internal management information system, they may see slight changes when published by DfE later in 2019.

*Proxy measures: a proxy measure serves to give an indication of something that is not or can not be measured. For example, % Strategy discussions that lead to S47 is based on the number of S47s in the period divided by the number of strategy discussions in the period. The measure does not link the same children and therefore only gives an approximate view.

What's working well?

I.1: A review of workflow and processes around s47s in the Plymouth Gateway Service was completed in January 2019 and repeated in March 2019, addressing the vulnerability identified by Ofsted during the inspection and a detailed improvement plan implemented and monitored through the multi-agency steering group.

Headline work completed:

- Workflow timeliness triaging contacts and referrals through the Gateway into MASH, monitored by both the Advanced Practitioner Gateway and MASH Team manager, is now supported using the live tracker system function, which replaced the previous system of manual monitoring of workflow that was contributing to the delay in workflow. Clearly defined RAG-rated timescales of work going through from initial contact to referral response has been built into the live tracker so that 'at a glance' remedial action is taken to address delays in responding to safeguarding concerns or requests for support from families.

I.2: Appointment of the permanent MASH team manager has been achieved, increasing capacity within the Plymouth Children's Gateway service in order to provide consistency in threshold decision making when initiating strategy discussions, and by the siting of the s47 duty team manager in MASH each week to improve participation and communication.

I.3: Benchmark auditing of s47 cases and strategy discussions was completed in December 2018 and repeated in Jan 2019.

I.5: Initial action completed.

I.6: Initial action completed.

Headline findings:

- Thresholds were appropriate on the majority of cases audited. Follow up actions were identified for the cases where a threshold decision was questioned and actions have been completed so that those children and families have now received the correct service response.
- System of a monthly dip sampling audit by the service manager recommended on a small number of cases in order to measure consistency of decision making and actions.

What are we worried about?

- Pressure since January 2019 to date in Head of Service capacity has impacted on performance monitoring and focussed work in delivery of the Gateway improvement plan.
- At the last Quality Performance Review Meeting in May 2019 it was evident from performance discussions that further system changes are required to triage work into MASH, as highlighted by the Advanced Practitioner and MASH team manager who highlighted a potential issue in the Advanced Practitioner threshold decision making timeliness due to a duplication issue.
- QI data is not yet available to provide evidence of progress against KPI performance data, with available monthly data showing some variable performance.

- Whilst the initial actions have been completed in relation to I.5 and I.6, audit work by the Quality Assurance and Safeguarding Service and Principal Social Worker has identified variable compliance in standards.
- Activity to support learning from audit through a rolling programme by multi-agency partners within the operational steering group is not due to commence until July 2019.

What needs to happen?

- Head of Service will repeat Plymouth Children's Gateway Review by the end of June 2019 and recommendations will be implemented and monitored through the operational steering group.
- Duplicating decision making activity currently being undertaken by the Advanced Practitioner in Gateway and repeated in MASH to be resolved by Head of Service by the end of June 2019.
- Audit report will be published end of June 2019 and available for scrutiny, informed by QI performance data focussing on conversion rates of strategy discussions – s47s to ICPCs – as this will inform whether we are meeting our aim to ensure that families and children are not experiencing unnecessary interventions, repeat referrals and multiple child protection plans.
- Learning from audit activity undertaken by the Quality Assurance and Safeguarding Service and Principal Social Worker and addressed with individual Team managers will be monitored and repeated in line with ILACS priorities two and six.

ILACS Priority Action 2: Written plans

We will improve the quality of written plans

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
2.1	As part of the Transformation Agenda programme of work with Children, Young People and Families service and Education, Participation and Skills, an end to end review of the One Child One Plan electronic template and its data systems is being undertaken in order to improve: the linkage with the child's single assessment and the child's care plan; recording of clear timescales for required action points; and improved templates for core group meetings and child protection plans.	Improvement of social work practice evidenced by written plans which addresses risk, needs and timely action where children's circumstances are not improving. Link to: supporting reduction in % of children who experience multiple child protection plans and % of repeat referral rates.	Monthly review in the CYPFS Improvement Board KPIs and in service audits. Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM.	Commenced: January 2019 SLIGHT SLIPPAGE
2.2	We will improve the quality of our practice in writing care plans so that it addresses the need to ensure that: contingency plans are clearly recorded as standard within each plan for the child or young person; plans are regularly reviewed and updated in response to changing assessed need and circumstances; and it is clearly recorded who will be responsible for completing what actions and the timescales required.	Improvement of social work practice evidenced by written plans which addresses risk, needs and timely action where children's circumstances are not improving. Link to: supporting reduction in % of children who experience multiple child protection plans and % of repeat referral rates.		Year long ON TRACK
2.3	The Professional Development Team will support the improvement of social work practice in care planning through its workforce development training programmes.	Evidencing and sustaining social work practice improvement.		Yearly rolling programme ON TRACK

2.4	Quality assurance will be provided by the Child Protection Coordinators and IROs, both through the problem resolution process on an individual child basis and through participation in the Quality Assurance Framework auditing process.	Improvement of social work practice evidenced by written plans which addresses risk, needs and timely action where children's circumstances are not improving.		Year long ON TRACK
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ILACS Priority Action 2: Progress against milestones

What we want to achieve: Improvement in social work practice evidenced by written plans, which address risk, needs and timely action where children's circumstances are not improving.

How are we doing? There are four progress milestones that, if achieved, will evidence improvements in our written plans. We are currently on track with our progress towards three of these four milestones.

Supporting performance analysis: As at 31 March 2019, 22.7% of children were subject to multiple plans, which was a 1.2 percentage point improvement on 31 December. The number of children on a plan stayed reasonably stable, with a small reduction of four to 255 in the quarter (a rate of 48.7 per 10,000 children). The re-referral rate remains above target and above our statistical neighbours' performance (23.9% in March 2018). To date, improvements have been slight and slow. To drive the rate of re-referrals down, more needs to be done. The failure to maintain appropriate Children's Social Care caseloads is an operational risk for the Council. We are now performing some analysis pertaining to the closure of CIN cases and the impact on re-referral rates. Re-referrals have decreased for the second quarter in a row to end 2018/19 on 32.4%, however the rate of improvement needs to be more significant (0.9 of a percentage point since September).

We need a continued focus and embedding of a consistent application of thresholds, and to support partners to hold appropriate levels of risk and provide families with early help. We will continue work in respect of the offer given when we step down or end our support (step out), with the aim of ensuring that the right sustainable (SMART) outcomes are reached in order to prevent children and families from representing for a statutory response. In addition, Plymouth Children's Gateway Review will be repeated in June 2019.

	2017/18 Actual	Pre Ofsted Visit						Post Ofsted Visit					2018/19 Local Target	
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19		Mar-19
Re-referrals within 12 months (YTD)	28.0% (LAIT)	29.7%	30.9%	32.1%	32.7%	33.4%	33.3%	33.0%	33.1%	32.9%	33.0%	32.6%	32.4%	25%
% of children subject to multiple child protection plans	26.8% (LAIT)	36.8%	23.8%	24.6%	19.6%	24.6%	23.0%	24.7%	21.8%	23.9%	22.4%	24.8%	22.7%	23%
Number of children subject to multiple child protection	112/418 (LAIT)	7/19	10/42	16/65	19/97	28/114	29/126	36/146	36/165	48/201	52/232	64/258	64/282	

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What's working well?

2.2: In support of securing improvements in social work practice a comprehensive benchmark audit of written plans, specifically looking at 'Care Plans with No Responsible Person and No Target Date for Action', across all service areas has been undertaken by the Principal Social Worker. The audit was conducted through March to April 2019 and considered 1363 plans in total. The audit findings were published in May 2019 and shared with the senior management team and team managers, with actions specified to support improvement.

2.3: A series of monthly 'how to' drop in workshops, as part of the Professional Development team workforce training 2019 programme, began in May 2019 supporting workers to create high quality care plans. Workers attending these workshops have the opportunity to bring a 'live case' care plan and improve its quality, with the support of a Practice Educator who will track that quality and compliance of the care plan for that child is being maintained over a specified period of time.

2.4: Three-monthly dip sampling of 20 quality assurance audits commenced in March 2019, undertaken by the Quality Assurance and Safeguarding Service, looking at both compliance and quality aspects as part of the quality assurance framework audit timetable and in line with ILACS priority action six. In addition, the Independent reviewing officers (IROs) and Child Protection Coordinators (CPCs) are now routinely ensuring that they are compliant in any actions they recommend within child protection plans and child in care plans.

What are we worried about?

The audit of 'Care Plans with No Responsible Person and No Target Date for Action' is a significant piece of work as it provides the first service-wide baseline data of all children's care plans, which with some basic time and effort by the allocated worker can be improved to meet the recommendations Ofsted have made; this in turn will impact positively, not only on averting drift and delay for children but enabling parents and professionals to be clear on what they need to achieve, by when, and to be accountable for improving outcomes for the child.

Audit headlines:

Some or all actions do not have dates and *some or all* actions do not have parties responsible but *not all of them are missing* = **548**.

All actions are missing *all* dates and *all* responsible parties = **548**.

All actions have dates and parties responsible = **40**.

All actions have dates and *some* have parties responsible = **84**.

All actions have parties responsible and *some* have dates = **143**.

Audit headlines from Quality Assurance and Safeguarding dip sampling of cases identify the same variable performance as above and in particular that work to embed the practice of adding contingency actions to care plans also requires focus as it is not consistently evident from cases sampled. Learning from these cases has been shared with individual workers and is being tracked through escalation processes by the individual Independent reviewing officers (IROs) and Child Protection Coordinators (CPCs.)

2.1: Is slightly behind as it is contained within the scope of the End to End (E2E) review project, which has now combined with the Front Door review into one transformation project delivery plan. However, until this is achieved, focus will remain on getting the basics right in our written plans.

What needs to happen?

Progress against the baseline data and dip sample audit work by the Quality Assurance and Safeguarding Service will be tracked and monitored at the next and subsequent Ofsted Improvement Plan Governance board meetings with relevant service managers providing an evidence update of progress.

Specifically implement recommendations:

- **Every team manager** must ask **every affected practitioner** to version up their care plan at the next planned care plan review or Core Group meeting.
- The practitioner must ensure that **every** action corresponds with a person responsible and a date due by set. The plan should be forwarded to the team manager for approval and the team manager needs to check every plan action to see that it corresponds with a date due by and a person responsible.
- If there is **one uncompleted action**, the team manager must not authorise the plan and must ask the practitioner to put it right.
- Each Service Manager will undertake spot checks of care plans to see if this has occurred.
- Focus on supporting practitioners to add coherent contingency actions into each care plan.

2.1: We will receive confirmation, imminently, on when technical work will begin to create newer versions of One Child, One Plan, Core Group minutes and child protection plans from the Front Door/E2E project delivery plan.

ILACS Priority Action 3: Sufficiency of local placements

We will improve the sufficiency of local placements to meet the needs of older children

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
3.1	We will continue to progress long-standing sub-regional placement partnership arrangements with Devon, Torbay and Somerset to strategically commission and QA fostering and children's home placements.	Secure improvements in long term placement stability. Link to – KPI performance management target of supporting young people to experience greater stability in accommodation.	Monthly review in the CYPFS Improvement Board KPIs and in service audits.	Year long ON TRACK
3.2	We will continue to embed the Plymouth residential block contract "Caring in Partnership" by growing the number of local beds and ensuring multi-agency support is available to placement providers.		Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM.	Year long ON TRACK
3.3	We will develop a local model of crisis accommodation for young people aged 16+ to support them in an emergency, but also offer space to allow existing placements to stabilise.		Progress monitored at Children's Programme Board.	March 2019 ON TRACK

ILACS Priority Action 3: Progress against milestones

What we want to achieve: An improved sufficiency of local placements to better meet the needs of older children. Secure improvements in long term placement stability and achieve KPI performance management target of supporting young people to experience greater stability in accommodation.

How are we doing? There are three progress milestones that, if achieved, will evidence improvements in our local placement sufficiency. We are currently on track with our progress towards all three of these milestones.

Supporting performance analysis: Long-term stability of placements has improved steadily over the seven months from September to March. Performance at the end of March 2019 was at 66.1% compared to 55.9% in September 2018. This is an encouraging indication that the process of risk assessment and approach to stability meetings is having a positive impact.

	2017/18 Actual	Pre Ofsted Visit							Post Ofsted Visit					2018/19 Local Target
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Short Term Placement Stability of Looked After Children (three placements within year)	12.0% (LAIT)	12.5%	13.7%	13.9%	13.3%	12.6%	13.2%	12.7%	10.7%	11.4%	12.1%	11.5%	10.7%	12%
Number of children who are not yet in a stable placement	52/417 (LAIT)	52/415	58/422	60/432	57/430	52/413	56/424	54/427	45/421	47/414	50/412	47/408	44/410	
Long Term Stability of Looked After Children continuously for at least 2.5 years	63.0% (LAIT)	61.1%	61.1%	59.8%	58.3%	56.9%	55.9%	59.1%	64.6%	65.2%	67.0%	67.6%	66.1%	70%
Number of children who are in a stable placement	69/109 (LAIT)	66/108	66/108	64/107	63/108	66/116	66/118	68/115	73/113	75/115	75/112	75/111	74/112	

Colour key: indicator performance is Red, Amber or Green against target (to be Amber means that the figure is within 15% of the Target). The direction of travel is simply Green (positive movement) or Amber (negative movement). Please note: The figures shown above are taken from our internal management information system, they may see slight changes when published by DfE later in 2019.

What's working well?

3.1: Joint Peninsula funding from commissioning budgets has been diverted from focussing on procurement to the creation of a Peninsula Commissioning Assistant role, to support the co-ordination of Quality Assurance (QA) activity in relation to placements. A virtual QA team with representatives from each Local Authority (LA) is in the process of being formed to ensure that information obtained from placement visits is shared. Independent Reviewing Officers and the Head of the Virtual School from Plymouth are included in this group. Provider meetings are ongoing to discuss the needs of each LA and to support providers to further expand their provision in the south west, to increase placement sufficiency.

3.2: As part of the Caring in Partnership block contract, a new solo children's home in Plymouth is currently being registered with Ofsted and is due to open in July. A new provider to the south west is planning to open a three bedded home in Plymouth during the autumn of 2019, which will help to increase the range of placements available locally. The multi-agency Caring in Partnership group, which supports the contract, is currently working to improve how new placements are made in the homes to ensure that the providers have all essential information prior to placements beginning, to support a positive start.

3.3: A provider market engagement event has been held with 16+ providers to describe the need for a new type of crisis response provision in Plymouth. The procurement of the new service is due to be launched in June, with the service beginning once staff have been recruited in late summer. This activity will secure up to four new supported accommodation beds by October 2019. We will also be working with the Complex Needs Alliance to ensure that the needs of young people aged 16+, in care and care leavers, are considered for the development of future provision. In addition, interim management capacity within the Permanency Service has been secured through an experienced manager from Adult Social Care temporarily seconded to Children, Young People and Families service for six months in order to support the tracking of young people and placement stability.

What are we worried about?

At present, all milestones remain on track. At times operational demands for placements can take priority over progressing the strategic work, which will lead to longer term transformational change. However additional commissioning capacity is being increased within the Commissioning team, which will address this.

What needs to happen?

- We will ensure that the 16+ crisis response service is commissioned as a priority, as this will reduce system pressures in supporting young people in crisis, and delivering improved outcomes by providing up to four new supported accommodation beds by October 2019.
- Secure additional capacity within the Children's Strategic Commissioning Team through permanent appointment. We have advertised for a new Commissioning Officer to focus specifically on placements, both in supporting immediate sourcing of provision but also ongoing development of the market. A candidate has been provisionally appointed and we are awaiting final employment checks and confirmation of a start date.

ILACS Priority Action 4: Supervision and management

We will improve the quality of recording of supervision and management oversight

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
4.1	Supervision recording templates have been refreshed to clearly record case key decision making points and improved management oversight.	Improvements in management oversight and decision making has already been secured as evidenced through audit work carried out by the Principal Social worker.	Monthly review in the CYPFS Improvement Board KPIs and in service audits.	January 2019 ON TRACK
4.2	Principal social worker will undertake an appreciative enquiry supervision audit with each service area, with an action plan produced which addresses the improvement areas required.	This activity has commenced and feedback has been provided to individual Team managers and their line managers and the Service Director	Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM.	Commenced: December 2018 ON TRACK
4.3	Professional Development Team, alongside the Principal Social Worker, will undertake monthly audit activity across the team management staff group in order to quality assure compliance of supervision recording practice. Learning and feedback will be delivered to the relevant Head of Service and Service Manager for monitoring purposes.	Secure and maintain improvements in management oversight and decision making		Commenced: January 2019 ON TRACK

ILACS Priority Action 4: Progress against milestones

What we want to achieve: An improved quality of the recording of supervision and management oversight in which decision making is clear and transparent in addressing risk and achieving outcomes for children.

How are we doing? There are three progress milestones that, if achieved, will evidence improvements in our recording of supervision and management oversight. We are currently on track with our progress towards all three of these milestones.

What's working well?

4.1: Achieved and launched in February 2019 across Children, Young People and Families Service. The changes to the supervision template clearly addresses the points raised by Ofsted that manager and key decision making points are not clearly recorded on the child's case file.

4.2: From December 2018 to March 2019, Appreciative Enquiry sessions with team managers in each service area and individual mentoring support to new managers has been provided in order to improve supervision practice.

Two supervision audits have been undertaken by the Principal Social Worker and Professional Development team in March 2019 (covering the period December to February) and May 2019 (covering March to May). The first audit looked at compliance of recording onto children's case files and the second at quality against the new template evidencing key decision making. This has provided detailed analysis of current performance issues to be addressed within each service areas and performance of individual managers. The significant positive from the audit is that over the last three months, 1,373 supervision notes have been added as formal supervision observations across the service to the children's electronic records. This was a deficit during the last Ofsted inspection, with many managers recording supervision as a management observation or not at all so this represents a trajectory of improvement. Service managers and Heads of Service undertook a development activity in March 2019, agreeing actions for supporting their managers and their own role modelling of recording and supervision practice.

What are we worried about?

The first audit identified that supervision practice amongst managers within Plymouth Referral and Assessment service (PRAS) improved following the Appreciative Enquiry exercise initially but had not sustained by the second audit activity, whereas the Permanency Service is the least compliant. Conversely, the service considered most under pressure during this period, Children's Social Work service (CSW), has made the most improvement across a range of managers, some of whom are new to the service and received mentoring support early on in supporting their development. The capacity issues of Heads of Service were highlighted and given consideration in the second audit during that period.

Further headlines from these audit activities are that:

- Providing further training opportunities will not support the improvements that Ofsted have recommended we achieve in order to clearly evidence management oversight and decision making. Focus now needs to be performance related and the audit report provides baseline data on individual practice that can now be tracked and monitored by the senior management team.
- The supervision practice of Service managers (and Heads of Service) directly correlates on how well their team managers perform.

What needs to happen?

- Second audit baseline data will be shared with team managers in each service area and compliance monitored with individual team managers to track performance improvements.
- Service managers and Heads of Service will address their own practice and provide focus on leading cultural change.
- Quality Assurance and safeguarding audit timetable for 2019 will be amended to include specific supervision audit activity in the autumn 2019.
- Heads of Service will undertake a plan of spot checks of supervision practice within their areas of responsibility each month.

ILACS Priority Action 5: Care leavers

We will improve the quality of services to care leavers, including educational, employment and training opportunities

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
5.1	We will continue to promote the care leavers' pledge and finalise the care leavers' offer with the support of our Corporate Parenting Board, including: offer apprenticeship placements within the Mayflower Programme and within our Street Services division; through the work of the project group we are coordinating with our partners in Education, Participation and Skills, HR&OD and working in partnership with Plymouth Employment Network Group developing comprehensive opportunities for work experience and apprenticeship placements within the Council, in line with Pledge 48; waiving of council tax; maximising opportunities for sport/leisure access; and developing the care leaver's participation group, supporting the promotion of the care leavers' offer.	<p>Plymouth City Council has agreed to waive council tax for care leavers and comes into effective from the 1st April 2019.</p> <p>Increasing numbers of children in care and Care leavers in work experience and work.</p> <p>Impact measured by feedback from care leavers.</p>	<p>Monthly review in the CYPFS Improvement Board KPIs and in service audits.</p> <p>Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM.</p>	<p>April 2019</p> <p>SLIGHT SLIPPAGE</p>
5.2	We will continue to work with our partners in addressing the accommodation needs of our most complex care leavers through the Complex Lives Alliance project, consisting of multi-agency partners and Strategic Commissioning.	This will be measured by the numbers of Care leavers in suitable accommodation, education and training.	Cabinet monitoring re delivery of Pledge 48.	<p>Launch date: April 2019</p> <p>ON TRACK</p>
5.3	We will work to maintain the caseloads for Personal Advisors at the defined level and ensure they benefit from relevant training opportunities for their role.	Caseloads maintained at optimum levels and training needs monitored through supervision meetings.		<p>Year long</p> <p>SLIGHT SLIPPAGE</p>

ILACS Priority Action 5: Progress against milestones

What we want to achieve: An improved quality of services to care leavers, including opportunities for education, employment and training.

How are we doing? There are three progress milestones that, if achieved, will evidence improvements in our quality of services to care leavers. We are currently on track with our progress towards one of these three milestones.

Supporting performance analysis: The percentage of care leavers in employment, education or training has improved significantly during the year, from 44% in March 2018 to 56.6% in March 2019. This puts Plymouth above both England (51%) and statistical neighbours (43.6%). Similar levels of improvement have been achieved in the percentage of care leavers in suitable accommodation, which has improved from 86% in March 2018 to 94.3% in March 2019 and is again above England (84%) and statistical neighbours (80.3%). These improvements have been due to care leavers being better integrated into the Permanency Teams, which has improved transitions and levels of engagement with young people in care.

	2017/18 Actual	Pre Ofsted Visit							Post Ofsted Visit					2018/19 Local Target
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
% of Care Leavers in EET	53.0% (LAIT)	52.0%	55.0%	54.8%	53.0%	54.5%	54.6%	55.1%	58.2%	56.9%	58.4%	57.5%	56.6%	65%
Number of Care Leavers in EET	121/227 (LAIT)	116/224	117/214	119/217	116/219	121/222	118/216	119/216	124/213	123/216	128/219	127/221	129/228	
% Care Leavers in Suitable Accommodation	86.0% (LAIT)	92.9%	93.5%	93.5%	90.9%	92.8%	91.7%	92.1%	94.8%	94.4%	95.9%	95.9%	94.3%	90%
Number of Care Leavers in Suitable Accommodation	172/200 (LAIT)	208/224	200/214	203/217	199/219	206/222	198/216	199/216	202/213	204/216	210/219	212/221	215/228	

Colour key: indicator performance is Red, Amber or Green against target (to be Amber means that the figure is within 15% of the Target). The direction of travel is simply Green (positive movement) or Amber (negative movement). Please note: The figures shown above are taken from our internal management information system, they may see slight changes when published by DfE later in 2019.

What's working well?

5.1: Waiving council tax for care leavers was implemented in April 2019 and work for improving the Corporate Parenting Board (CPB) structure and governance arrangements and functioning are progressing, with the development session for the new CPB taking place on 17 June. The development of the care leavers' participation group is also well underway, supporting the promotion of the care leavers Pledge and Offer. There has been a small increase in the number of care leavers in suitable employment, education and training and work to identify a care experienced apprentice to join the Professional Development Team, within the Children, Young People and Families service is also underway. The Complex Adults Alliance was launched in April 2019, and representatives from the Alliance have attended team/service meetings to promote collaboration.

The "Care Journey" work with Barnardos is well underway and Plymouth is only one of three LAs nationally to be benefitting from this seven year-long investment. The work is aimed at improving outcomes for care leavers.

A joint workshop with Plymouth Community Homes is taking place on 28 June to explore the comprehensive training that can be provided to care leavers before being granted a tenancy to minimise the possibility of the tenancy breaking down.

5.3: Two Personal Advisors have joined the Permanency Service, funded by the DfE Rough Sleepers Grant, increasing capacity. Accurate training logs for Personal Advisors have been completed and training needs are being monitored through regular supervision arrangements.

An interim Head of Service has now been appointed to the Permanency Service, to cover the long term absence of the permanent Head of Service, and started work on 3 June 2019.

What are we worried about?

Development and vision for the permanency service and of the Personal Advisor role functions have been slightly delayed due to the long term absence of the HOS. This work will now be prioritised. There has been some fluctuation in the caseloads of Personal Advisors due to staff changes over the last two months, however, capacity is now stabilising and caseloads are once more reducing. Improving the number of care leavers accessing education, employment or training requires continued focus not just within the Permanency Service.

What needs to happen?

Better focus on an improved care planning leading up to the 18th birthday and a renewed focus on care leavers who are not in employment, education and training.

ILACS Priority Action 6: Auditing of casework

We will improve the quality of and learning from auditing of casework

Ref	Progress milestone	Impact / Evidence	Quality assurance and monitoring framework	Key Dates / Status (RAG)
6.1	We will continue to develop the Quality Assurance framework audit process, specifically by: build the inclusion of service user feedback as standard within the Quality Assurance Framework audit process; re-establish the requirement that staff should complete the self-reflection tool as part of the audit process; senior leadership team participation in audit activity will be built into the audit activity process; and revise and refresh the audit tool template in order to capture quality assurance of both thematic and casework practice.	Securing improvements in child participation and customer feedback measured and reported through QPRM process.	<p>Monthly review in the CYPFS Improvement Board KPIs and in service audits.</p> <p>Quarterly review of agreed KPIs and audit report including audit by QA service as well as in service report to SAM.</p>	<p>April 2019</p> <p>ON TRACK</p>
6.2	Improve the effectiveness of audit activity and its contribution to service improvements. We will close the learning loop by publishing findings from audit activity within a dedicated staff bulletin developed and published by the Quality Assurance and Safeguarding Service. Management oversight will be provided through team meetings, with the expectation that the published learning from audit activity should be a regular agenda item for team performance and practice discussion.	Outcomes from audit work feeding into lessons learnt and identifying actions which impact on service improvement.		<p>May 2019</p> <p>Year Long for management oversight</p> <p>SLIGHT SLIPPAGE</p>

ILACS Priority Action 6: Progress against milestones

What we want to achieve: An improved quality of and learning from the auditing of casework informed by child participation and customer feedback and which evidences its effective contribution to service improvement.

How are we doing? There are two progress milestones that, if achieved, will evidence improvements in our quality of and learning from casework audits. We are currently on track with our progress towards one of these two milestones and making good progress to achieve the second.

What's working well?

6.1: The Quality Assurance Framework Audit process and timetable for 2019 has been improved and launched with new templates, which included from April 2019 child participation and customer feedback. Since its launch, 12 families to date have provided feedback, which although small in number thus far we are confident will grow and will support service improvements and individual social work practice.

Audit activity undertaken since January 2019 includes thematic as well as specific monthly auditing including of written plans, supervision orders and repeated child protection plans. Headlines of how audit work is supporting service improvement include: identifying non-compliance with progressing child protection plans during April; progressing child in need plans and identifying drift, resulting in urgent remedial action swiftly put in place to ensure that children were appropriately safeguarded and securing practice improvement; and dip sample auditing of case plans in support of ILACS priority action two.

6.2: Closing the learning loop as recommended by Ofsted includes: findings from audit work undertaken between January and March have been cascaded down to managers and practitioners through the quarterly audit report and by providing learning to practitioners and their managers on an individual basis following case audit completion; and tracking of actions plans is being monitored by the service.

What are we worried about?

There is a slight purposeful delay in launching the dedicated staff bulletin due to changes at the design stage; however this will result in a better quality publication, making use of technology platforms currently available through Windows 10 (rather than a traditional document bulletin). This will also enable learning from Serious Case reviews and bite size social work practice 'tips' to be included into the platform. An audit report covering April to June will be published by the Safeguarding Service manager at the end of June 2019 and learning cascaded down to managers and individual practitioners until the new on line system is launched.

Following the performance findings from the supervision audits undertaken by the Principal Social Worker, dip sampling audit activity will now be added to the 2019/20 timetabled audit programme.

Inclusion of senior managers in the audit process has begun and more thought is being given to establishing a moderation panel.

What needs to happen?

- Continue development of Quality Assurance and Safeguarding Service Audit and Learning platform and launch by end of July 2019.
- Audit report to be published covering April to June 2019 activity and analysis of child participation and customer feedback so that emerging themes can be identified and learning and service improvement implemented.
- Continue to track learning from audit work through QPRM bi-monthly performance meetings and Ofsted Improvement Plan Governance board.

Further Information

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