

Senior Responsible Officer	Nancy Meehan	Date of Report	13/07/21
		Overall Status	Amber

Overall progress narrative	
1	<p>This next phase of our improvement journey is to designed to build on those improvements already achieved. Our ambitious plan to deliver consistent, high standard and good quality services to our children has, like many other services, been challenged by the COVID-19 pandemic. However, Ofsted noted in their recent focused visit (March 2021) that "despite the pandemic, the progress made in improving services for children in Torbay, noted at the previous monitoring visit in January 2020, has continued. Structures and strategic partnerships are now more firmly embedded, and positive steps have been made towards delivering the authority's children's services improvement plans.". However, although this is a positive endorsement of our progress, we are not complacent and acknowledge that we are still not delivering consistently the quality to which we aspire.</p> <p>The next phase of our improvement will continue to be delivered under the 4 themes.</p> <ul style="list-style-type: none">• Leadership, management and governance• A robust model of social work practice• A sufficient and skilled workforce• Quality assurance and audit <p>it will continue to be set out in a plan which inebrates improvement priorities with those contained in the Sufficiency Strategy (2021/2024).</p> <p>Following the recent Ofsted Focus Visit we have updated this highlight report to concentrate on areas that still require scrutiny to provide assurance that children are consistently receiving the level of service to improve their outcomes and life chances. The associated workstreams will continue to prioritise those elements of service upon which we are focusing our improvement effort.</p> <ul style="list-style-type: none">- Early Help- Residential and Leaving Care- Permanence- Fostering- Learning Academy- Edge of Care

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Key Priority Areas						
Ref	Description of Immediate Improvement				Owner	By When
1	Edge of Care - Edge of Care services to be developed and strengthened to full capacity, where possible in conjunction with partners, so that they fulfill their full role in safely preventing avoidable care solutions.				Becky Thompson	Review November 2021
2	Strengthen management direction and plans for children so that they contain specific actions that directly relate to addressing what needs to be undertaken (to secure goodoutcomes) within clear timescales.				Rachel Setter	
3	Improve the quality of supervision to assure that identified actions ob childrens plkand are follwed through in a timely manner and, where required, consider time specific remedial actions or escalation.				Rachel Setter	
4	Build the sufficiency and availibility of highly specialist placement provision, suitability of after care and the range of housing options for care experienced young people.				Tracey Fields and Nancy Meehan	
5	Develop more specific support for care experienced young people to help them prepare for the adult world and the challenges they may face.				Becky Thompson	

Medium Term Developments			
Ref	Description of development		By When
1	Social Work Model - complete the training in restorative practice for all social care staff and extend to include statutory and non-statutory partners accross the council area .		01.04.2022
2	The Partnership - to continue to develop the function and impact of the Torbay Safeguarding Partnership Board.		01.04.2022
3	Early Help - to consolidate the implementation of the Early Help Strategy through good governance and active oversight by the Early Help Board with a particular focus on establishing the effectiveness of the local hubs and their network of services.		Review in November 2021

Issues / Risks								
Ref	Issue / Risk	Description	Mitigation / Resolution	Date Raised	Owner	Probability	Impact	Risk Score
1	Risk	If the service response is inadequate, then children may come to significant harm.	Robust monitoring and oversight of casework. Effective performance management and quality assurance framework, and robust governance. Staff development to ensure correct skills level.	January 2020	Nancy Meehan	4	5	20
2	Risk	If skilled and experienced staff leave the organisation as a result of rapid change activity, then there may be capacity issues within the service.	Ensure that staff are supported through change. Provide effective workforce development opportunities. Recruitment and retention strategy put in place.	January 2020	Nancy Meehan	4	4	16
3	Risk	If new staff cannot be recruited, then there may be capacity issues within the service.	Recruitment and retention strategy: ensure pay and benefits are competitive and robust approach to recruitment advertising targeted in the right areas	January 2020	Nancy Meehan	4	4	16
4	Risk	If there is low level compliance with the model of social work and statutory requirements, then children may come to significant harm.	A training programme has been put in place for all staff to ensure there is a clear understanding of the model of social work, and statutory requirements.	January 2020	Nancy Meehan	3	5	15
5	Risk	If the pace of progress in implementing the improvement plan is not fast enough to meet the requirements for 'good' by April 2021, then Ofsted may subject the service to additional measures.	Ensure sufficient resourcing of improvement plan; Rigorous and systematic monitoring of improvement plan; performance management and quality assurance framework	January 2020	Nancy Meehan	5	5	25
6	Risk	If the quality of the data is poor, then it may result in inaccurate performance monitoring and analysis.	Data cleansing of existing data; Implementation of robust use of child level data by team managers; data quality reports; action by managers to ensure that data entered into case management system is accurate	January 2020	Nancy Meehan	3	4	12
7	Risk	If the council's political leadership are not fully engaged or aware of their roles and responsibilities in relation to children's services, then there may be a lack of appropriate scrutiny and accountability.	A training seminar will be organised for all members to increase their knowledge around the potential social care journey of the child.	January 2020	Nancy Meehan	2	2	4
8	Risk	If partners are not fully engaged or aware of their roles and responsibilities in relation to the improvement activities, then some improvement actions may not be achieved.	Senior leadership from key partners are members of the Children's Services Improvement Board to ensure they are involved in the strategic development and oversight of their agency's involvement.	January 2020	Nancy Meehan	3	4	12

Children's Services Improvement- Highlight Report

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9	Risk	Risk to children due to Covid pandemic including inability to be able to have unrestricted movement in the community an increase in statutory requirements including children coming into care due the impact of their emotional wellbeing, and an increase in parental dysfunction requiring crisis interventions.	Robust oversight of the increase in statutory referrals, investment in edge of care and other commissioned services to support children to remain safety in family homes and wider community, support via	October 2020	Nancy Meehan	3	4	12
10	Risk	The HMIP inspection of the Youth Offending Team raised significant concerns in respect of Domain 3 and O OCD. There was also challenge around Domain 1 and the strategic requirements.	An LGA peer review had already identified some of these challenges and we have commissioned further work in order to robustly respond to the areas of weakness that were identified in both the Peer Review and the Inspection.	November 2020	Nancy Meehan	3	4	12

Guidance for RAG status

STATUS	Overall ratings	Individual Action ratings
GREEN	Activity on track and delivering expected outcomes	Improvement activity is on track or completed and delivering expected outcomes.
AMBER	Activity on track but expected outcomes have not yet been evidenced and/ or activity delayed but still being delivered	There is some minor delay in improvement activity and/ or activity is on track but limited evidence of outcomes
RED	Activity not on track and outcomes are poor or deteriorating	There is significant delay in improvement activity and/ or activity is not delivering expected outcomes

Theme One: Leadership, Management and Governance																						
Overview narrative																			Overview RAG rating			
The most recent monitoring visit (4th Visit) of January 2020 continues to identify effective political and senior leadership, but also highlights the culture change within the workforce. Progress to establish a permanent workforce continues but the impact of this is being reduced due to the stability of the present agency staff working within Torbay. Sufficiency of emergency and unplanned placements remains an area of development and will be improved further by the increasing numbers of in-house foster care provision and improved performance in securing permanency. A positive downward trend has been established in reducing those placed further away and the use of residential care - however placement stability indicators are higher but the authority is not a significant outlier. As a result this theme has an overall rating of 'Amber'.																			AMBER			
Placement Stability																						
				2020/21									Final 2020/21	Current Year to Date	2021/22		Target		Trend	Benchmarking		
Ref	Performance Measure	2019/20	Period	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21			Apr 21	May 21	Min	Upper		National	Stat Neighbour to 2021	Stat Neighbour from 2021
1.1	% with 3 or more placements	15.4%	Snapshot	9.6%	5.8%	4.3%	9.8%	10.1%	9.6%	11.9%	11.4%	10.6%	10.6%	13.0%	11.6%	13.0%	TBC	TBC	↑	11.0%	11.8%	10.5%
1.2	CLA / cared for children long term placement stability %	51.3%	Snapshot	64%	61%	62%	62%	64%	66%	67%	66%	66%	66%	67%	67%	67%	TBC	TBC	↔	68%	65%	67%
1.3	% of CLA / cared for children placed more than 20 miles from the address from which they came into care	29.9%	Snapshot	29.0%	29.0%	28.5%	28.6%	26.0%	27.0%	29.8%	27.4%	26.2%	26.2%	26.5%	27.6%	26.5%	TBC	TBC	↓	20%	n/a	n/a
Management oversight and supervision																						
	% qualified social worker supervisions		Snapshot																	n/a	n/a	n/a
Services for children at risk of involvement in gangs, youth violence., missing, CSE, radicalisation																						
				2020/21									Final 2020/21	Current Year to Date	2021/22		Target		Trend	Benchmarking		
Ref	Performance Measure	2019/20	Period	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21			Apr 21	May 21	Min	Upper		National	Stat Neighbour to 2021	Stat Neighbour from 2021
1.4	Number of children going missing during period (each child counted once only in period)	216	YTD	25	23	37	20	24	23	21	19	23	154	48	29	34			↑	n/a	n/a	n/a
1.5	Number of CLA / cared for children who went missing from care during the period (each child counted once only in period)	99	YTD	13	13	11	10	7	7	11	10	9	38	17	13	11			↓	n/a	n/a	n/a
1.6	Number of exploitation/ vulnerability assessments	136	YTD	37	22	30	14	13	11	8	21	20	241	38	15	23			n/a	n/a	n/a	n/a
1.7	Number of exploitation/ vulnerability assessments graded as 'High Risk'	22	YTD	8	0	1	4	3	1	3	3	4	35	2	0	2			n/a	n/a	n/a	n/a
1.8a	Number of children returning home from being missing in month		YTD							29	15	22	166	47	29	33			n/a	n/a	n/a	n/a
1.8b	Number of episodes of children returning from being missing		YTD							32	45	50	562	142	69	73			n/a	n/a	n/a	n/a
1.8c	Number of children returning from being missing in month who had at least one Return Home Interview									17	11	18	n/a new measure from January 2021	17	16	15			n/a	n/a	n/a	n/a
1.8d	Number of children returning home from being missing in month who did not have a Return Home Interview because they declined all interviews offered									12	5	12	n/a new measure from January 2021	16	13	9			n/a	n/a	n/a	n/a
1.8e	Number of Return Home Interviews in 72hrs	222	YTD	24	17	22	24	15	11	14	17	not available for March	180	37	15	22			n/a	n/a	n/a	n/a

Data checks and issues

Figures before January 2021 undercount children placed for adoption.

Some data accuracy work needed about addresses. Note that the published figure for other LAs is based on % placed more than 20 miles away and outside their home LA. This is not comparable to the figure for Torbay of % placed more than 20 miles away. We have given the national figure based on 20 miles away whether inside or outside home LA. No SN available using this definition.

AM reports this was probably not accurate in earlier reports. Have corrected YTD figure from current data.

As above.

This dataset remains problematic because there is not always a connexion between the number of episodes of missing and the number of RHIs. One RHI may cover several episodes of missing, particularly if children have consecutive episodes.

Theme One: Leadership, Management and Governance						
Progress in delivering key improvement plan actions						
Objective	Key Actions	Q1	Q2	Q3	Q4	Narrative
Karen Ogle: To continue to develop systematic management oversight of practice, including practice scrutiny by senior managers, and ensure it is used to improve the quality of decisions and the provision of help to children and young people.	Assure the quality of supervision, to ensure that identified actions on children’s plans are followed through in a timely manner and, where required, consider time-specific remedial actions or escalation.					Learning Academy has undertaken a dip sample on the quality of supervision and ,management oversight following the OFSTED visit, she is due to report back to CSLT on 16/6/21. The Quality Assurance Safeguarding Audit quarterly report Jan to March 20201 is able to evidence from full audit and dip sample findings that we continue to make improvements but there are areas for further development as outlined in the learning summaries. Live data is not available until end of June due to the implementation of Liquid Logic. Staff Sickness may impact on our ability to continue to audit/dip sample at the current level. HOS is meeting with Rachel Setter and Bex Rushton to agree next steps following 17/6/21 which will incorporate further dip sampling within each service to review progress made. Dip sampling templates have been produced to incorporate identified actions within Highlight report and will be considered in the meeting. Agency Auditor to be confirmed from 9/7/21 to support the progress made to date and provide cover for sickness that may have impacted.
	Assure the quality of management oversight that and actively monitor that there is evidence of reflective supervision and group supervision documented at prescribed intervals on children's files.					The April performance report evidences that management oversight on children’s files stands at 90% compliance in April with an average of 83% for the 20/21 period. Bex Rushton has completed a dip sample exercise following the Ofsted Visit and will be reporting back to CLST on 17/6/21 to give a qualitative overview. The Quality Assurance Safeguarding Audit quarterly report Jan to March 20201 is able to evidence from full audit and dip sample findings that we continue to make improvements but there are areas for further development as outlined in the learning summaries. Live data is not available until end of June due to the implementation of Liquid Logic. Staff Sickness may impact on our ability to continue to audit/dip sample at the current level. HOS is meeting with Rachel Setter and Bex Rushton to agree next steps following 17/6/21 which will incorporate further dip sampling within each service to review progress made. Dip sampling templates have been produced to incorporate identified actions within Highlight report and will be considered in the meeting. Agency Auditor to be confirmed from 9/7/21 to support the progress made to date and provide cover for sickness that may have impacted.
	Establish consistent, systematic and high-quality management oversight of frontline practice that drives child-centred planning within timescales appropriate for the child.					Bex Rushton has completed a dip sample exercise following the Ofsted Visit and will be reporting back to CLST on 17/6/21 to give a qualitative overview. The Quality Assurance Safeguarding Audit quarterly report Jan to March 20201 is able to evidence from full audit and dip sample findings that we continue to make improvements but there are areas for further development as outlined in the learning summaries. Managers awareness/understanding of what is required. Varying levels of abilities Understanding what ‘Good’ looks like. This has been identified as a learning need with the Head of the Learning Academy and will be discussed on the 11/6/21 with a trainer in order to progress. To confirm outcome of meeting and timescale for training. Once training has been completed further dip sampling will take place to review progress.
Becky Thompson: Ensure that the Local Authority has detailed and relevant knowledge about its local communities, including children in care and care leavers, and uses this intelligence effectively to meet their needs.	Leaders identify the vulnerable groups in their local areas and their needs and ensure that there is an effective response for these groups of children.					Progress: leaders now have significant management grip in terms of the vulnerable groups within the local area, including unborn babies, cared for children, care experienced adults and young people and children with disabilities and their parent/carers. The introduction of a number of Panels, and the review of existing panels to ensure their efficiency and effectiveness, has been integral to the development of leadership knowledge in respect of these groups. Barriers: a significant barrier to the needs of cared for and care experienced young people and those young people at risk of homelessness, is the lack of appropriate move-on housing stock within the local area. The impact, threshold and governance of CAMHS remains a barrier in respect of meeting the mental health and emotional wellbeing needs of children and young people, however this is to a degree mitigated by the commissioning of bespoke package of support in line with individual young people's assessed needs. Next steps: s75 agreement with CAMHS to be reviewed, in terms of the therapeutic wellbeing service and the effectiveness of this moving forward. Ongoing joint work with housing to consider alternative solutions to the issues in respect of move-on accomodation for young people. Ongoing joint work with the Torbay Youth Trust, to establish data and performance set, address the backlog of young carer assessments and ensure that there are clear, up to date assessments and plan in place for young carers, particularly those preparing for transition. Embed the use of parent/carer assessment and evidence impact through CWDT performance surgeries.
	Commissioned and in-house services have sufficient capacity and meet the needs of local children, young people and families in need of help, care and protection.					Progress: An Edge of Care Tracker has now been created and is reviewed weekly in line with the Access to Resources Panel, to track and monitor both internal and commissioned packages of edge of care support. Agreement has been given for interim workers to be used as an interim measure whilst the internal Edge of Care team continues to be subject to ongoing HR processes and fully built. A procurement process has been initiated in respect of a commissioning framework of edge of care providers; a market engagement has taken place and the process continues. Barriers: there has been a delay in the establishment of the internal edge of care team and therefore internal caapcity for such packages of support are diminished. Next steps: develop Edge of Care commissioning framework for spor purchased provision. Build the edge of care team to full capacity.
Becky Thompson: Ensure that the local authority is an active, strong and committed corporate parent in line with the corporate parenting principles set out in Section 1 of the Children and Social Work Act 2017. Ensure that there is a	The accessibility, style and clarity of case records enhance the understanding that children in care and care leavers have about their histories and experiences.					Progress: a Restorative Language framework has been established, which is being embedded across Children's Services to ensure a consistent use of agreed restorative language in respect of how we speak about, write about and record events relating to cared for and care experienced young people. Participation is key in this, and the HOS Regulated Services now meets monthly with two cared for children, to consider a number of issues affecting cared for young people, including life story work and how records can impact on their sense of identity and can either help or hinder their understanding of decision-making related to their care. The outcome of the participation work feeds into CLST and the Corporate Parenting Board, to ensure that the child's voice and experiences have a direct impact on decisions made throughout the Council. The Circle and My Voice have worked on a project entitled 'Language that Cares' which has also fed into this work. Torbay have worked with CORAM BAAF on the Bright Spots survey in relation to both cared for and care experienced adults, to enhance our understanding of the improvements needed in line with the direct views of children and young people. Barriers: there remains inconsistency and variability within the system.

Progress in delivering key improvement plan actions						
corporate sense of responsibility for children in care and care leavers and the chief executive leads a Local Authority that recognises and prioritises the needs of children in all aspects.	More specific support to care experienced young people to help prepare them for the adult world and the challenges they may face, including education, career choices and sustainable accommodation arrangements.					Progress: a Task and Finish group has been established which is reviewing the way in which we prepare young people for independence. Funding for a specific project worker has been agreed and this role will be responsible for drawing on both internal and community resources, with a view to provide an enhanced offer for cared for young people. Ofsted found that: "The service has been largely successful in encouraging and promoting education, employment and training opportunities for care experienced young people". The Virtual School have funding agreed for a specific post-sixteen education worker, who will form part of the joint work with the Cared For and After Care teams in terms of post-sixteen education and training through post-sixteen PEPs. A Task and Finish group has been established, jointly with housing, to explore the housing needs of young people at risk of homelessness and cared for and care experienced young people. Barriers: There remains a significant difficulty in terms of the accessibility or social and private housing within Torbay, which results in barriers to sufficient move on accommodation. Next steps: The Corporate Parenting Action Plan will consider an in-house offer of employment and training preparation for cared for and care experienced young people and adults, through HR. Actions arising from Task and Finish groups to be progressed. Current preparation for independence packs to be reviewed. Work with South Devon College in respect of access to courses, such as tenancy management. Development of apprenticeship opportunities in line with the development of the Corporate Parenting Action plan.
	Ensure that the Corporate Parenting Board is aware of the circumstances of young people and services available to cared for and care experienced young people affected by youth homelessness and strengthen their oversight in this area.					Progress: an interim Corporate Parenting Strategy is in the process of being created, which will then be reviewed in line with the participation work and in particular the outcome of the Bright Spots surveys. HOS Participation Work will now be fed directly into the Corporate Parenting Board. The CEO, DCS and HOS are exploring the creation of an operational CPB which will feed into the strategic CPB. A Corporate Parenting action plan has been created. Corporate Parenting champions are being established across the Council. A joint youth homeless protocol has been endorsed, between CS and housing. A Task and Finish group has been established, jointly with housing, to explore the housing needs of young people at risk of homelessness and cared for and care experienced young people. Barriers: There remains a significant difficulty in terms of the accessibility or social and private housing within Torbay, which results in barriers to sufficient move on accommodation. Next steps: creation of an operational CPB. Consideration of formalising a Young Director apprenticeship. Actions arising from Task and Finish groups to be progressed.
Stefan Chapleo: Continue to strengthen the services for children at risk of involvement in gangs, youth violence., missing and CSE.	Establish an Exploitation Sub Group to be chaired by the police as part of the newly emerged governance structure.					A sub-group has been established and is chaired by the police. Next meeting 10.06.2021
	Ensure that the MASH carry out multi-agency screening in response to the receipt of all Exploitation Toolkits relating to children who are not open to a social worker.					Whenever there are concerns in relation to exploitation, MASH complete the Exploitation Toolkit to establish the level of risk. Compliance will be audited through regular MASH dip-sampling.
	Ensure that regular multi-agency strategy meetings take place to maintain oversight of concerns relating to exploitation.					Where there are consents in relation to exploitation, and threshold for S.47 is met, multi-agency strategy meetings are convened. Compliance will be monitored through the monthly audit framework and MASH dip-sampling.
	Use the appropriate multi-agency forum (such as Trlage, CEMOG and MACE) to scrutinise CE risk and formulate responses to victims and develop disruption plans for perpetrators.					These forums are established and overseen by the newly appointed Exploitation Manager, Katie Buckley.
Becky Thompson: There is a sufficiently wide range and choice of placements (including specialist provision and housing options) available to meet the needs of children in care and care experienced young people	Further strengthen commissioning to assure sufficiency of appropriate placements which will include consideration of the role of the Council's wholly owned company and a potential strategy to support and incentivise private sector landlords.					Progress: the LA have attended a nationwide presentation in relation to a Guarantor Scheme and this is being actively considered. The sixteen plus framework, to include cared for and care experienced young people at risk of homelessness, has been established, following a tender evaluation process. Recruitment activity continues in relation to enhancing the in-house local fostering provision as outlined earlier. Barriers: There remain significant difficulties in terms of housing stock within Torbay. Next steps: meeting with commissioning, youth homelessness and HOS Regulated to confirm next steps in terms of Guarantor Scheme.

Progress in delivering key improvement plan actions						
young people.	<p>Ensure children and care leavers who live away from Torbay have immediate and continual access to education and health services that meet their needs.</p> <p>The responsible social workers notify the 'receiving' Local Authority that a child is moving to their area promptly and ensure that services are in place to meet the child's needs before the child moves.</p>					<p>Progress: the Becoming Cared For Guide and Resource Pack has been created and disseminated to all social workers and Team Managers, which includes specific guidance in respect of actions required when a child or young person is placed out of county, for example the statutory requirement to notify the 'receiving' LA. An initial cared for planning meeting has been established, organised by SARs and involving the social worker, Team Manager, Independent Reviewing Officer and Family Time Team Manager, and this happens within five working days of a child becoming cared; this meeting is used to reiterate timescales for the initial My Care Plan, consider how a child can be involved in their Initial Cared For Child Review, confirm arrangements for Family Time and to consider aspects of placement planning, as well as ensuring all statutory duties including consent and IHA paperwork and notification of receiving LAs has been completed. The LA continue to commission bespoke packages of support, when threshold for intervention from CAMHS is not met; this relates to those cared for children placed in and outside of Torbay. Barriers: the threshold for CAMHS remains high. Our understanding of relevant services in other LAs requires development and some local services cannot be accessed by other LAs. COVID-19 has had a significant impact on the mental health of young people and therefore their needs have become more complex. Next steps: develop a directory of known services in other LA areas. Dip sampling of placement planning to consider how consistently education and health needs are considered within this process.</p>
	For children who need to be in care, decisions about their living arrangements should be timely and only exercised once all other options, such as placement with wider family members have been exhausted. Whenever possible emergency placements are avoided.					<p>Progress: any need for a placement to be identified and accepted for a cared for child requires the agreement of the relevant Head of Service. The implementation of the care planning process has ensured that all other options, including edge of care packages within the home and identification of safe and viable family members through the Family Group Conference process, have been exhausted before a placement need is identified, in line with the Legal Gateway process also. Bringing the Family Group Conferencing service back in-house has ensured that exploration of the wider family happens proactively, to ensure family-led planning and to ensure that exploration of potential placement viability is undertaken in a timely manner. Barriers: placement sufficiency nationwide continues to be problematic, with COVID-19 impacting nationally on the number of placements available, particularly for those children with more complex needs. Next steps: Schedule 3 and reunification Tracker to be updated weekly. Care planning process to be fully embedded. Continued recruitment work in respect of enhancing in-house fostering provision.</p>
	Ensure that there are choices of placement to meet the needs of children who need care, including those with challenging behaviours, those requiring emergency admission and those requiring placements outside of Torbay.					<p>Progress: a focused and targeted recruitment campaign continues, to enhance our local in-house fostering provision. This includes a targeted campaign in relation to the resilience fostering pathway, aimed at retired police officers, NHS workers and teachers. A scoping exercise is being undertaken, with host families in Torbay, to explore their potential interest in either providing lodgings accommodation for care experienced young people and adults who are homeless or are at risk of becoming homeless, applying to be assessed as a foster carer or applying to become resilience foster carers. The Fostering Recruitment and Events Co-ordinator post is now live within the structure. Torbay have agreed a three year working agreement with Home for Good, to enhance our fostering recruitment of families of faith. Fortnightly performance data related to recruitment now being sent to the HOS. Barriers: COVID-19 has had an undeniable impact on families across Torbay and beyond, in terms of health and financial anxiety which has impacted on the rate of initial enquires. The Recruitment and Events Co-ordinator has given notice, after a short time in post. Next steps: work with Home For Good, in terms of the specific needs of Torbay's children to ensure targeted recruitment activity. Recruit to the Recruitment and Events Co-ordinator post. Monthly Fostering Recruitment meetings to be established, to review, track and monitor recruitment activity and impact. Consider the outcome of the scoping exercise with host families and consider a formal 'lodgings' offer for care experienced young people and adults.</p>
	Children returning home from care will receive sufficient support to enable them to live successfully in their communities with few returning to the care of the Local Authority.					<p>Progress: A Schedule 3 Tracker is now in place and is reviewed weekly. The introduction of the care planning structure necessitates a care planning meeting is convened at the point that reunification is being considered; this will consider the safety, risks and support required for any potential plan of reunification to be considered and endorsed and the membership of this meeting is clearly determined within the Terms of Reference for the care planning meeting process. The Tracker is updated every week, with both active and pending Schedule 3 assessments; this will also monitor the need for review of these assessments and any updating Schedule 3 assessments required. Barriers: due to some of the identified placement sufficiency concerns, and in addition to the impact of COVID-19 and increased stress within placements, there have been occasions whereby planning has not been robust enough prior to reunification and this has led to a small number of children returning to the care of the LA. Next steps: Schedule 3 Tracker to be updated weekly. Care planning meeting process to be embedded. Enhanced consideration of edge of care packages to support reunification.</p>
	Effective recruitment, assessment, training and support of carers (including, as appropriate, foster carers, adopters, special guardians and residential staff) ensure that children and young people receive high-quality, safe and stable care that meets their diverse needs.					<p>Progress: as above.</p>
Becky Thompson: Ensure that Torbay as part of the RAA is able to demonstrate how the arrangements comply with its statutory responsibilities and meet the needs of local children.	Fostering and adoption panels, and the respective decision-makers, ensure that children are effectively matched with families. Torbay has arrangements in place to ensure consistently good practice and it monitors the effectiveness of the work of panels.					<p>Progress: Adopt South West are in the process of undertaking a comparative review, from April – Sept 2019 to our recent review of period Sept 20 – March 2021 across the four local authorities. Feedback and data is showing that Torbay have consistently improved and in the main has 'gold star' CPR quality. This report is due for presentation at a forthcoming Operational Board. A meeting is being scheduled to involve all ADM decision makers across the four authorities working with Adopt South West, to ensure consistency and an opportunity to share good practice. A one-page guide to practice and process in adoption has been created and shared across the services. Barriers: there has been delay in best interest decisions and the timeliness of Placement and Adoption Orders due to COVID-19 related Court delay. Next steps: RAA holding a joint meeting with all LAs to ensure consistency in best interest process and ADM decision-making/recording. One page guide to fostering to adopt to be created and embedded.</p>

Progress in delivering key improvement plan actions						
	Children who are adopted, their adoptive families, their birth relatives and adopted adults are informed, and are aware of, their entitlement to receive an assessment of their adoption support needs. When support is needed, it is provided quickly, effectively and leads to improved circumstances for the children, young people, families and carers involved.					Progress: all adopted children and their families have a clear outline of the support offered to them through the implementation of the Adoption Support Plan. There is a now a joint monthly meeting facilitated by Adopt South West and the Team Manager of the Children with Disabilities, particularly looking at joint assessment and planning in cases of adoption support or potential breakdown. Barriers: COVID-19 has had a significant impact on adoptive families, with a sharp increase in post-adoption support referrals to the RAA. Next steps: joint audit across the RAA in respect of adoption breakdown and links to ASD needs in order to enhance shared learning.
	Strengthen the recruitment and preparation of adopters in particular those who will care for children with complex needs and sibling groups.					Progress: As per the minutes of the Operational Board dated 30th April 2021, Adopt South West are prioritising applicants who have expressed an interest in adopting older children, or children with additional needs. An action from this Board, Adopt South West are shortly to provide data in respect of the current pool of adopters and how many of them are able to adopt harder to place children; this has not yet been received. Of the fifteen children subject to Placement Orders as of the 7th June 2021, only five have no identified link [one child has an ADM approved change of care plan to long term fostering, two are siblings and one has intensive Family Finding review activity due to ongoing genetic and medical testing]. The number of adopter approvals is reported to have increased by a third in the year 2020/21. Prospective adopters are completing a training module in respect of sibling adoption and there is an accompanying adopter recruitment campaign in respect of sibling adoption. Barriers: whilst adopter recruitment within the RAA was high in the last year, there continues to be only 40% of adopters who would consider sibling groups, or children with additional needs. Next steps: bespoke recruitment targeted at enhancing the adopter family groups who would consider placement of children with additional needs or sibling groups.
Becky Thompson: Strengthen the arrangements governing the management and use of unregulated and unregistered placements for children and young people.	Ensure robust monitoring and tracking of all children including those placed in unregulated provision to ensure these arrangements remain in a child's best interests.					Progress: There are currently twenty-four young people in unregulated settings (twenty in sixteen plus semi-independent provision, one pending completion of a Reg 24 viability, two overseen by the Court as Connected Carer arrangement does not meet minimum standards however the family setting is felt to be in the children's best interests, and one young person who is in the Army). One young person is in an unregistered provision; this is a complex young man, with a high level of need, who has recently been released from a young offenders setting. A Tracker is in place which monitors the use of unregulated provision, and tracks the management oversight in respect of the child's file. All needs assessment and pathway plans consider the needs of the individual young person, and their independence skills, and this is considered in any decision to place a young person within a semi-independent provision. As per Section 22C of the Children Act 1989, significant attempts are made to place young people in provisions which are located in Torbay, near to a young person's home, maintaining for them access to their education and training, and peer networks and within the boundary of the Local Authority. Barriers: there continues to be an impaired sufficiency of placements for older young people or those with complex needs. Next steps: provider forum to be established. Continued use of the tracker and IPOP oversight to ensure quality semi-independent provider provision. Placement auditor role to be embedded and a clear QA framework in respect of unregulated and unregistered provisions to be established.
	Strengthen our arrangements for avoiding the use of unregistered provision except in exceptional circumstances when all options have been exhausted and similarly ensure robust monitoring and tracking and regular senior management oversight.					
	Ensure all unregulated and unregistered placements are subject to enhanced quality assurance through implementation of Placement Auditor role.					Progress: an Unregulated and Unregistered Tracker has been established, which tracks and monitors the planning and management oversight of all young people placed in such provisions. This is updated weekly. All children in such arrangements are subject to scrutiny and oversight through the Independent Placement Panel Oversight process also, ensuring Director level oversight. Barriers: The Placement Auditor is not yet in post. Next steps: the semi-independent sixteen plus provisions will be the main focus of intensive quality assurance in the initial stages of this post.

Theme Two: A robust model of social work practice		
Overview narrative	Overview RAG rating	
<p>Significant challenges remain before a consistently 'good' service is achieved. This theme is therefore rated 'red'. There is a rigorous focus within the Children's Social Care Service on 'getting the basics right.' This continues to focus on the SATs and SAFs service area with an emphasis on application of thresholds and timeliness of decision making and the quality of practice. Changes made to improve the operation of the MASH have been hampered due to the response to COVID and colleagues in the MASH being required to work virtually. There has also been work on practice relating to child sexual exploitation, those children missing and those at risk of criminal exploitation. There has also been a strong focus on children subject to CIN, CP,PLO and our response to children looked after. Our approach has included greater clarity in practice standards ('what good looks like'), which includes moving to a 'restorative practice' approach. Increased use is also systematically being made of data and case audits through monthly performance surgeries.</p>	Amber	

Consistent application of thresholds and delivery of statutory intervention

Ref	Performance Measure	2019/20	Period	2020/21									Final 2020/21	Current Year to Date	2021/22		Target		Trend	Benchmarking		
				Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21			Apr 21	May 21	Min	Upper	Month	National	Stat Neighbour to 2021	Stat Neighbour from 2021
2.1	% of contacts completed within 1 day	90.9%	YTD	89%	97%	98%	91%	99%	100%	98%	97%	99%	97%	96%	97%	96%	98%	100%	↓	n/a	n/a	n/a
2.2	% MASH contact referrals completed within 1 working days	63%	YTD	88%	89%	91%	96%	98%	100%	100%	97%	95%	93%	94%	95%	93%	90%	100%	↓	n/a	n/a	n/a
2.3	% contacts progressing to referral	21.2%	YTD	29%	31%	27%	21%	24%	26%	25%	30%	35%	28%	23%	21%	23%	25%	50%	↑	n/a	n/a	n/a
2.4	No of referrals in period	1919 / 731*	YTD	198	168	165	161	187	158	164	176	254	2238 / 876*	336 / 789*	161	175	n/a	n/a	↑	535*	795*	710*
2.5	Percentage of Referrals that were repeat referrals (within 12 months)	22.3%	YTD	25%	28%	24%	21%	28%	30%	21%	22%	25%	25%	26%	24%	28%	TBC	TBC	↑	22.6%	23.0%	22.4%
2.6	% of referrals progressing to assessment	71%	YTD	70%	82%	83%	81%	83%	84%	87%	89%	87%	83%	81%	88%	74%	TBC	TBC	↓	n/a	n/a	n/a
2.7	% of referrals triggering strategy discussion	N/A	YTD	6%	4%	5%	1%	6%	4%	6%	6%	4%	4%	6%	2%	9%	TBC	TBC	↑	n/a	n/a	n/a
2.8	No of assessments in period	1701	YTD	227	195	221	194	174	191	176	129	210	2197 / 860*	430 / 1009*	180	250	TBC	TBC	↑	n/a	n/a	n/a
2.9	% of assessments progressing to further services from Children's Social Care	65%	YTD	47%	46%	39%	44%	49%	36%	51%	44%	55%	42%	39%	44%	36%	TBC	TBC	↓	n/a	n/a	n/a
2.10	% of strategy discussions progressing to S47 enquiry	69%	YTD	62%	81%	76%	74%	73%	81%	62%	83%	71%	70%	70%	79%	58%	TBC	TBC	↓	n/a	n/a	n/a
2.11	% of S47 progression to ICPC	36%	YTD	21%	19%	49%	49%	27%	41%	37%	13%	39%	32%	22%	31%	16%	TBC	TBC	↓	n/a	n/a	n/a

* Rate per 10,000 population aged 0 to 17

Strategy discussions include all relevant agencies and robust arrangements to protect children during CP investigations

Ref	Performance Measure	2019/20	Period	2020/21									Final 2020/21	Current Year to Date	2021/22		Target		Trend	Benchmarking		
				Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21			Apr 21	May 21	Min	Upper	Month	National	Stat Neighbour to 2021	Stat Neighbour from 2021
2.12	Strat meetings are quorate - not yet available																			n/a	n/a	n/a
2.13a	The disclosure of abuse results in a child protection medical - number of CP medicals taking place	n/a	n/a	8	0	2	15	10	5	6	10	12	80 (from May 2020 only)	14	13	1			↓	n/a	n/a	n/a
2.13b	The disclosure of abuse results in a child protection medical - % of S47s resulting in a CP medical	n/a	n/a	9%	0%	2%	18%	11%	6%	9%	12%	15%	9% (from May 2020 only)	10%	18%	2%			↓	n/a	n/a	n/a

Ref	Performance Measure												Final 2020/21	Current Year to Date	2021/22		Target		Trend	Benchmarking		
		2019/20	Period	2020/21											Apr 21	May 21	Min	Upper	Month	National	Stat Neighbour to 2021	Stat Neighbour from 2021
				Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21										
2.14	% cases with Management Oversight recorded in past 8 weeks	43%	Snapshot	63%	69%	71%	77%	76%	80%	74%	81%	83%	83%	79%	90%	79%	60%	80%	↓	n/a	n/a	n/a
2.15	% of assessments completed within 45 working days	75%	YTD	84%	82%	89%	83%	82%	85%	76%	85%	82%	76%	82%	84%	81%	85%	95%	↓	84%	82%	82%
2.16	% of children in need with CIN Plan completed	66%	Snapshot	65%	64%	65%	65%	59%	66%	72%	78%	79%	79%	82%	77%	81%	75%	90%	↑	n/a	n/a	n/a
2.17	% of children with CIN Plan with reviews within last 6 months	19%	Snapshot	8%	9%	8%	7%	8%	11%	15%	18%	18%	18%	15%	16%	84%	TBC 11/20		↑	n/a	n/a	n/a
2.17a	New CLA / Cared for Children	135 / 53*	YTD	6	2	3	7	10	5	3	11	12	76 / 30*	9 / 21*	6	3	n/a	n/a	n/a	26*	41*	36*
2.18	% with initial care plan completed within 10 days of becoming looked after	76%	YTD	0%	0%	0%	0%	0%	0%	20%	0%	0%	5%	7%	9%	0%	N/A	100	↓	n/a	n/a	n/a
2.19	CLA / Cared for Children who were reviewed within required timescales	95%	Snapshot	92%	92%	94%	77%	79%	79%	82%	83%	90%	90%	97%	97%	97%	90%	100%	↔	n/a	n/a	n/a
2.20	% of children receiving CP visit within past 10 workdays	46%	Snapshot	65%	63%	68%	79%	81%	85%	82%	83%	88%	88%	87%	89%	87%	67%	80%	↓	n/a	n/a	n/a

* Rate per 10,000 population aged 0 to 17

Ref	Performance Measure	2019/20	Period	2020/21									Final 2020/21	Current Year to Date	2021/22		Target		Trend	Benchmarking		
				Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21			Apr 21	May 21	Min	Upper	Month	National	Stat Neighbour to 2021	Stat Neighbour from 2021
2.21	% of ICPCs held within 15 working days of Strategy Discussions	63%	YTD	63%	100%	100%	70%	82%	96%	100%	100%	76%	80%	88%	84%	100%	90%	100%	⬆️	77.6%	72.0%	75.5%
2.22	% of ICPC progressing to CP Plan	94%	YTD	96%	76%	100%	93%	97%	93%	78%	100%	100%	92%	85%	81%	100%	90%	100%	⬆️	86%	n/a	n/a
2.23	% contact progressing to early help / early help hub	11%	YTD	17%	24%	15%	24%	15%	26%	20%	15%	15%	17%	20%	17%	23%	TBC	TBC	⬆️	n/a	n/a	n/a

* Rate per 10,000 population aged 0 to 17

Ref	Performance Measure	2019/20	Period	2020/21									Final 2020/21	Current Year to Date	2021/22		Target		Trend	Benchmarking		
				Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21			Apr 21	May 21	Min	Upper		National	Stat Neighbour to 2021	Stat Neighbour from 2021
2.24	% of children subject to CP plans who were reviewed within statutory timescales		Snapshot								83%	83%	83%	84%	85%	84%			↓	92%	90%	91%
2.24	Percentage of children looked after / Cared for Children whose last review was on time	95%	Snapshot	92%	92%	94%	77%	79%	77%	82%	83%	90%	90%	97%	97%	97%	90%	100%	↔	n/a	n/a	n/a
2.26	Number of Dispute Resolution Processes (DRPs) raised by Independent Reviewing Officers	121	YTD	15	17	13	11	20	54	16	4	11	185	12	1	11	n/a	n/a	↑	n/a	n/a	n/a

Ref	Performance Measure	2019/20	Period	2020/21									Final 2020/21	Current Year to Date	2021/22		Target		Trend	Benchmarking		
				Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21			Apr 21	May 21	Min	Upper	Month	National	Stat Neighbour to 2021	Stat Neighbour from 2021
2.27	Average length of ongoing pre-proceedings (calendar days)	101	Snapshot	67	69	86	27	37	31	46	63	61	61	25	41	25	TBC	TBC	↓	n/a	n/a	n/a
2.28	Average length of ongoing care proceedings in weeks (calendar days)	n/a	Quarter	n/a	n/a	n/a	n/a	n/a	n/a	301	n/a	273	273	239	230	239	TBC	TBC	↑	National average Q1 2020/21: 36 weeks	n/a	n/a

Ref	Performance Measure	2018/19	Period	2020/21									Final 2020/21	Current Year to Date	2021/22		Target		Trend	Benchmarking		
				Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21			Apr 21	May 21	Min	Upper		Month	National	Stat Neighbour to 2021
2.29	No. of LAC exits in period (children leaving care)	137 / 55*	YTD	10	8	7	5	13	8	6	15	7	107 / 42*	32 / 75*	10	22	N/A	N/A	↑	25*	32*	29*
2.30	No of reunifications (children returning home)	42	YTD	3	0	4	7	3	0	3	5	1	39	13	2	11	0	n/a	↑	n/a	n/a	n/a
2.32a	Number of children adopted	17	YTD	0	0	3	3	2	1	0	2	0	13	5	3	2	TBC	TBC	↓	n/a	n/a	n/a
2.32b	Adoptions from care (percentage leaving care who are adopted)	12%	YTD	0%	0%	43%	60%	15%	13%	0%	13%	0%	12%	16%	30%	9%	TBC	TBC	↓	n/a	n/a	n/a
2.31	Average time (days) between court authority to place a child and deciding on a match	168	YTD	No adoptions this month so n/a	No adoptions this month so n/a	391	322	296	134	No adoptions this month so n/a	412	No adoptions this month so n/a	302	341	414	297	180	140	↓	n/a	n/a	n/a
2.33	Number Special Guardianship Orders granted for Looked After Children	51	YTD	1	2	0	0	4	4	0	0	2	16	1	0	1	TBC	TBC	↑	n/a	n/a	n/a
2.34	The percentage of children ceasing to be looked after who did so because of a SGO / Residence Order / CAO	22%	YTD	10%	25%	0%	0%	31%	50%	0%	0%	29%	15%	3%	0%	5%	TBC	TBC	↑	n/a	n/a	n/a

* Rate per 10,000 population aged 0 to 17

Theme Two: A robust model of social work practice						
Progress in delivering key improvement plan actions						
Objective	Key Actions	Q1	Q2	Q3	Q4	Narrative
Stefan Chapleo: To implement the Early Help Strategy	Established the three integrated teams across the three locality hubs.					Initial Locality Networks held; initial list of partners in each Locality established.
	Embed the Community Engagement Officer across the three locality hubs to support the integrated partnerships and form the conduit between the Local Authority and the Community.					Community Engagement Officer briefed in new role and agreed will co-chair the Locality Networks going forward. The new role in terms of supporting partners in accessing support across the networks has just commenced and an exact development plan around this role is to be established.
	Deliver Early Help awareness training, assessment and TAF planning training across the internal and external partnerships.					Early Help Awareness Training delivered to the 3 Locality Networks by way of the induction to the Early Help Model. Training to be planned on a rolling basis to cover the EH assessment and TAF planning. EH help handbook is being developed and should be ready for CSLT/EH Board approval in July 2021.
	Move the Early Help Service closer to the VCS in connection with the Community Help Line.					Discussions held and intent to move the Early Help “front door” to the Community Helpline and a business case to be developed to help progress this.
	Establish a third Early Help team to specifically target the prevention of homelessness and poverty.					The overall internal EH Service has now been configured into 5 teams - FIT Team 1, FIT Team 2, Homeless and Poverty Prevention Team, Community Engagement and Partnership Support team, Supporting Families Analysis Team. To progress the development of the Homeless and Poverty prevention team interviews have been set up On 11.06.21 for a 0.5fte ATM to lead this team. Pending successful appointment, it is envisaged this worker will be in post by the end of June 2021.
	Strengthen Early Help performance data and its intelligent use to enable the management, monitoring and development of service, team and individual impact.					Initial data set/dash board has been developed and approved at CSLT. This has been sent to the data performance team to incorporate into the monthly performance report. It is envisaged that monthly performance meetings should be able to commence from July 2021.
	Seamless handover of the management of the Early Help Strategy from Peopletoo Consultants to the Early Help leads within the Local Authority and the community.					Close working between Peopletoo and Early Help leads is fundamental to progress to date, and seamless handover will form a part of this later in the year. Handover mechanism to commence the beginning of November 2021.
Becky Thompson: To ensure the sufficiency and effectiveness of intensive Edge of Care services.	To commission and develop a mixed economy of Edge of Care services to support children and families at points of crisis.					Progress: An Edge of Care Tracker has now been created and is reviewed weekly in line with the Access to Resources Panel, to track and monitor both internal and commissioned packages of edge of care support. Agreement has been given for interim workers to be used as an interim measure whilst the internal Edge of Care team continues to be subject to ongoing HR processes and fully built. A procurement process has been initiated in respect of a commissioning framework of edge of care providers; a market engagement has taken place and the process continues. Barriers: there has been a delay in the establishment of the internal edge of care team and therefore internal capacity for such packages of support are diminished. Next steps: develop Edge of Care commissioning framework for spor purchased provision. Build the edge of care team to full capacity.
	To establish an internal Edge of Care team to work flexibly with families to meet need and deliver short term interventions.					Progress: An Edge of Care Tracker has now been created and is reviewed weekly in line with the Access to Resources Panel, to track and monitor both internal and commissioned packages of edge of care support. Agreement has been given for interim workers to be used as an interim measure whilst the internal Edge of Care team continues to be subject to ongoing HR processes and fully built. A procurement process has been initiated in respect of a commissioning framework of edge of care providers; a market engagement has taken place and the process continues. Barriers: there has been a delay in the establishment of the internal edge of care team and therefore internal capacity for such packages of support are diminished. Next steps: develop Edge of Care commissioning framework for spor purchased provision. Build the edge of care team to full capacity.
	To develop a summer strategy to respond to the anticipated increased challenges associated with the easing of COVID lockdown.					
Karen Ogle: Improving the quality of assessments and plans which will incorporate the voices of children.	Strengthen the arrangements to enable direct contributions by children recognising the diverse nature of families.					
	Increase the number of children attending or chairing their own care for reviews.					HOS SARS Gwynne Rayns has identified a gap in data and we are unable to evidence our performance in this area. This data/information has not been collated to date. Live data is not available until the end of June as we transition into Liquid Logic. Gwynne Rayns HOS is meeting with our performance/data teams to agree KPI to be/agreed in order to collect data and get baseline.
	Increase the use of advocacy for children subject to child protection plans.					Gwynne Rays HOS from SARS has discussed with Jayne Beddington from the Children’s Society who hold advocacy contract for children for CP, there has been 47 children during the last quarter that should have had the opportunity to have an advocate. The Children’s Society were not advised by the SW so did not respond. The data has not been shared with Children’s services HOS/SM group, Gwynne Rayns is reviewing the invite list and considering an opt out system. Advocates not currently part of the multi-agency invite process. Social Workers have not responded to request from SARS to process invite for advocate. Agree a comms strategy to all SW/TMs to remind and inform. To review invite system to streamline and invite advocate at initial stage to improve outcomes and the number of children receiving this service. Report back to CLST

Objective	Key Actions	Q1	Q2	Q3	Q4	Narrative
Gwynne Rayns: Improve Quality of Care planning and include the arrangements for robust oversight from the CP/IRO Service.	Children’s care plans comprehensively address their needs and experiences, including the need for timely permanence. Children’s plans are thoroughly and independently reviewed with the involvement, as appropriate, of parents, carers, residential staff and other adults who know them. Plans for their futures continue to be appropriate and ambitious.					Care plan template reviewed ahead of move to LL to ensure that it is SMART and that it is restorative. Reinforcing of requirements of IRO handbook to IROs via input from Dave Basker, Sector Improvement Lead with focus on timeliness and outcomes for children Work is on-going to develop child friendly consultation /feedback forms for Cared For Reviews. Re-instate statutory requirements for care planning around placement change ie early Cared for Reviews Promote effectiveness of mid-way reviews and DRP/resolution processes. Challenges around availability of data eg rate of mid-way reviews completed. Capacity within IRO service to complete mid-way reviews. Tracking and evaluation of learning from outcomes of DRPs/resolution process needs to be developed and prioritised .Cultural change re recognition of importance of role of IRO’s as independent scrutineers of quality of practice – development of care planning meetings which include IRO’s is relatively new practice and needs embedding. Development of process of permanence planning ahead of child’s second review – does LL include a permanence plan document? Develop permanence planning with work completed by Becky Thompson, to include check of forms on LL. Finalise development of child consultation forms. Review performance data and request data re any gaps once Power Bi is in place. Develop KPI re children attending/chairing Cared for Reviews. Bi-monthly dip samples of quality of care plans to be included in the audit planning to evidence improvement. Follow up session with sector improvement lead in 3 months to review changes
	To reduce the proportion of children who are subject to a CP plan for 15 months or more.					Dip sample exercise completed by previous Head of Service in March 21 found 5 children who had been subject to a plan for more than 2 years. Capacity to complete regular dip sampling of relevant children. Capacity to complete regular dip sampling of relevant children. Deeper understanding of the issues re this cohort of children is required ahead of action planning. Recruitment of temporary IRO to fill 11 hours per week vacancy will be used to assist with dip sampling (alongside other IRO tasks).
	Assure that Child Protection plans are explicit and outcome focused with clear timescales to achieve improvement.					Current development of outcome focused template for CP conferences in LL should support improved quality of plans. Training of IRO’s in restorative approaches. Use of mid-way review process for CP conferences. CP chairs open to adopting new ways of working, including use of challenge and being more outcome focused. QA capacity to complete dip sample exercise. CP chairs currently chair and minute own conferences making it harder to focus on the development of high-quality plans via engagement of family. Lack of ability to track and learn from mid-way reviews. Dip sampling exercise to explore quality of CP plans. Identify business support capacity to minute CP conferences to free up CP chairs, allowing them to host restorative conferences that are more child/parent led leading to more engagement in developing SMART plans.
	Ensure that management oversight leads to requirements for specific and timely actions.					Multiple changes of management over the last couple of years has led to lack of consistent leadership for the service – current HoS is on sick leave and temp arrangements are in place. Service improvement plan in place. Robust supervision and oversight of trackers by HoS. Increase effectiveness of performance surgeries and availability of data re SARS. Learning from QA and dip sample activity to be captured and disseminated to evidence change/improved practice. Improved use of available data. Regular and robust supervision. Actions from service improvement plan to be tracked and implemented.
Stefan Chapleo: Strengthening the understanding and arrangements relating to Private Fostering.	Bite size training to be provided for all SW/TM’s in relation to Private Fostering and take steps to implement immediate awareness training for Front Door staff to equip them with the skills necessary to identify privately fostered children.					A training package is currently being designed. This will be completed by 23/06/2021. This will then be circulated and presented in Team meetings across the service.
	MASH will add guidance to the MASS Contact Screening checklist to help identify whether the child's circumstances fall into the remit of Private Fostering regulations.					This is complete and is now included in the MASS Screening checklist. Compliance will be monitored thorough regular MASH dip-sampling.
	Design and distribute leaflets targetted at professionals to assist in identifying children who are privately fostered.					We are in the process of designing leaflets for both professionals and private foster carers. These draft leaflets will be completed by 18/06/2021 and presented to CSCLT on 23/6/2021 for sign off. Once approved they will then be sent to our internal design team for production.
	In conjunction with COMMS, develop and implement a Communication Strategy relating to private fostering.					We have identified a Comms lead for Children's Services and a meeting will be set up to begin to develop a Comms strategy.
Becky Thompson: Ensure that children looked after with a plan for adoption, understand their life story and the reasons why they cannot live with their birth families prior to preparation for a move onto adopters	Assure the quality and effectiveness of life story work for children who are permanently placed away from their birth family so that they may understand what has happened to them.					Progress: funding has been agreed for two CCWs to focus specifically on the provision of high quality life story books for adopted children. It is anticipated that the backlog caused by COVID-19 will be cleared by September 2021. The LA continue to fund bespoke packages of life story work for cared for children. Barriers: sickness and a lack of capacity in terms of in-house CCW caapcity has impacted on provision of life story work with cared for children. Next steps: dip sampling of life story work for cared for children, with a resulting paper in respect of how this can be enhanced and improved across the service.
	Ensure that all children who are not able to live with their family receive a 'later life letter' to help them understand their experience of care.					Progress: an Adoption Tracker is now established, which tracks and monitors the creation of life later letters and timeliness. Barriers: capacity within the adoption part of the cared for service has impacted on social worker ability to ensure that later life letters have been written and provided in time. Next steps: ensure all adopted children receive a later life letter within ten working days of their Adoption Ceremony.
Stefan Chapleo: To develop a comprehensive service, involving partners where appropriate, to prevent and mitigate the risks of youth homelessness that is consistent with legislation and best practice.	Develop preventative work with partners to identify as early as possible those vulnerable young people at risk of becoming homeless. This will include the development of an education programme to be delivered to young people and staff at the college and schools across Torbay.					Discussions have been held with the YHPWs regarding the development of an awareness programme and initial thoughts have been captured. Work has started to forge closer relationships with SDC around youth homelessness. It is envisaged that the programme will start in September 2021 - this will be driven forward by the new ATM leading the Homeless and Poverty prevention team.

Objective	Key Actions	Q1	Q2	Q3	Q4	Narrative
	Develop and use data more intelligently in order to understand better the factors that contribute towards youth homelessness.					Initial data set/dash board has been developed and approved at CSLT. The YHP data set is incorporated into the overal EH data set. This has been sent to the data performance team to incorporate into the monthly performance report. It is envisaged that monthly performance meetings should be able to commence from July 2021.
	To mitigate the risk of homelessness, continue to develop comprehensive preparation for adulthood services to support transition and moving on arrangements.					Work has commenced on the development of a programme for independent living to be delivered to young people in group and one to one. Initial discussions have been held with the Foyer as a potential venue for delivery of a rolling group programme. It is envisaged this programme will commence in October 2021.
	Understand better and strengthen the support to care experienced young people with the appointment of specialist YHPWs.					The Memorandum of Understanding has been agreed with the DFE and signed off by the DCS so the funding is now in place to employ 1.4fte specialist YHPWs. The job spec has been agreed and job evaluation panel approved. The job advert has been drafted and approved and will be going out w/c14.06.21. It is envisaged the workers will be in post by the beginning of August 2021.
	Strengthen management oversight of the homeless prevention service with the appointment of a 05.fte assistant team manager.					To progress the development of the Homeless and Poverty prevention team interviews have been set up On 11.06.21 for a 0.5fte ATM to lead this team. Pending successful appointment, it is envisaged this worker will be in post by the end of June 2021.
	Implement the joint protocol and the associated action plan to ensure that the strategic objectives are in place and supported by the Partnership.					The joint protocol has now been approved by CSLT. This should be going to the Corporate Parenting Board in July 2021. However, the new protocol is now being implemmented. To further facilitate the strategic objectives being met on an operational level, a set of procedures will be devloped to translate the joint protocol into robust operational practice. It is envisaged that the procedures will be ready for approval by the end of July 2021. The new format for the Youth Homeless Prevention Panel is now well established and includes a review of resources with all partner agencies.
	All young people who become homeless are assessed and are made fully aware of their right to be cared for by the Local Authority if there are safeguarding concerns.					The new joint assessment has been approved by CSLT and is being utilised to good effect with all young people who present as being at risk of becoming homeless. As part of the assessment a discussion is held with the young person to expalian the s20. A leaflet is now in draft form to provide written information. It is envisaged that this will be ready for CSLT approval at the beginning of July 2021.
	Further develop policy practice in relation to Young People's rights to care when homeless, including the application of the 'Southwark Judgement' and take action to implement the provision set out in the Joint Protocol which determines that young people should have access to, and support from an advocate and associated explanatory literature.					As above. Further to this, discussions are taking place with commissioning with a view to engaging an advocacy service that will be able to effectively support young people through the joint assessment process.
	Ensure that all Social Workers are able to undertake good Joint Housing Assessments via the delivery of a training programme that is also incorporated into the ASYE programme.					Explanation of the process for assessing young people at risk of becoming homeless will be delivered to team managers at the Practice Improvement Forum in June 2021. A start to be made on the training programme to social workers and ASYEs in July 2021 with a view to start rolling out the training in September 2021.
Gwynne Rayns: To ensure that management and practice associated with the application of the Public Law Outline is effective and provides children and young people with good outcomes.	Court QA Manager to produce quarterly Reports for Board providing performance and outcome level data to identify trends, learning and scrutiny. Reports to also capture the quality of intervention and how improved outcomes have been acheived for children.					
	Court QA Manager to update templates for PLO process, including initial letter, midway review and outcome of PLO.					Court manager has reviewed all templates and is working with LL colleagues to investigate opportunities for integration into new system. We have not purchased the legal module of LL so it not clear where legal papers will be recorded or how they will be used in LL. Explore options to purchase legal module for LL. Work with LL developers to explore local options if not purchasing above module.
	Court QA Manager to provide bite size training to staff to support further improvement in the quality of SW interventions and communication within the PLO process.					Plans in place to provide training to ASYE cohort. Challenge of capacity for development work as currently used to QA and amend all court reports. Currently used to support development needs of individual social workers – needs to shift to more strategic role re training and development. Develop training opportunities via practice improvement forums eg court presentations skills, SWET writing etc. Develop newsletter to go out quarterly to include information on learning from court hearings/new national directions etc – to be developed with legal colleagues
	PLO tracker to be updated to provide more detailed, accurate and contemporary performance outcome level data.					Court manager has reviewed PLO tracker – currently a manual procedure. Difficulties re tracking data as reliant on manual system which is time taking and potentially open to increased risk of error. Lack of performance data via LL. Quarterly reporting to be developed re outcomes of PLO, to include any lessons learnt and tracking of step-up and step-down outcomes for up to 6 months following end of PLO process. This is dependent on high cost staff time unless digital system developed.

Objective	Key Actions	Q1	Q2	Q3	Q4	Narrative
Becky Thompson: Ensure that permanency options are considered for all children who can not be cared for by their birth families.	To secure timely matches for children living in long-term fostering placements so that they benefit from the stability and emotional security that permanence will offer them.					Progress: the Permanence Panel now tracks and monitors care planning for all cared for young people in placement for 10 months or more. Long term matching continues to improve, with 68% young people in placement for two years or more matched long term. A letter is now sent to each child, celebrating the match. Barriers: there can be barriers to long-term matching, in situations whereby there are questions relating to the longer term planining for the child. Next steps: work with design to create a celebration card for young people who are matched long term. Continue to track and monitor long term matches through Permanence Panel.
	Ensure that permanency is actively considered at the first opportunity when it is clear that a child is unable to return to their family home.					Progress: a one page guide to adoption practice and process has now been created and shared across services. The care planning process stipulates a consideration in relation to permanency from the earliest opportunity. Permanency is also considered wihtin the initial planning meeting prior to the Initial Cared For review. Barriers: there has been a gap in the understanding of adoption processes, which has impacted at times considerations of plan including fostering to adopt. Next steps: one page guide in relation to fostering to adopt to be created and disseminated. Training in permanency options to be delivery to all staff.
	Ensure that permanency is actively considered as part of transition planning for cared for young people, which will include a review of the current Staying Put offer.					Progress: care planning meetings now activiely consider permanence post final Order. Training to this effect is now part of the ASYE training offer. Barriers: there has been an increase in legal advisors promoting Connected Carer arrangements, as opposed to SGO. Next steps: review of Staying Put offer. Review of SGO offer, including post-eighteen.
	Review adoption policies and procedures, with a particular focus on fostering to adopt and provide training for social workers and Team Managers in early permanence and preparing children for adoption.					As above
	All agencies and professionals work together effectively to reduce any unnecessary delay in receiving support to achieve permanence for children.					As above
	Children are effectively prepared for, and carefully matched with, a permanent placement. Their wishes and feelings influence the decisions about where they live. Children are helped to develop secure, primary attachments with the adults caring for them. They are helped to understand their life histories, experiences and identities.					As above

Theme Three: Sufficient and skilled workforce																				
Overview narrative												Overview RAG rating								
Progress to establish a permanent workforce continues but is impacted due to the stability of the present agency staff working within Torbay. The recruitment and retention campaign is underway and a revised social work offer has been finalised. The Learning Academy is live and a HoS has been appointed. There are presently 16 ASYEs in place who will be supported by the LA. The Academy is also predicated on establishing a 4 fold increase in the supply of newly qualified workers entering the workforce.												Amber								
Workforce Strategy																				
Ref	Performance Measure	2019/20	Current	Period												Target		Trend	Benchmarking	
					Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Jan 21	Min	Upper	Month	National	Regional / Stat Neigh
3.1	% Vacancies (QSW roles only - % of estab not filled by perm staff)	32%	28.0%	snapshot	38.0%	33.9%	-	31.9%	-	-	43.5%	-	28.3%	28.0%		20%	25%	↓	16.4%	14.80%
3.2	% Turnover (fte)	27.70%	9.9%	YTD	24.0%	25.0%	-	27.7%	-	-	6.9%	-	8.1%	10.7%		19%	22%	↑	15.1%	16.90%
3.3	% Agency Staff (FTE of QSW estab roles only)	41%	35.6%	snapshot	52.0%	43.0%	-	41.3%	-	-	26.7%	-	34.3%	27.9%		35%	28%	↓	15.8%	11.40%

Theme Three: Sufficient and skilled workforce						
Progress in delivering key improvement plan actions						
Objective	Key Actions	Q1	Q2	Q3	Q4	Narrative
<p>Rachel Setter: To develop a strategy to achieve a permanent, fully resourced, qualified and highly skilled workforce who will invest in achieving the best possible outcomes for children, young people and families.</p> <p>To achieve this we will support our workforce through their professional social work journey. From the point of entry into the profession and beyond. The strategy sets out what we will do to achieve this.</p>	To undertake a Learning Needs Analysis in conjunction with Heads of Service to support the implementation of the Improvement Plan and Sufficiency Strategy and to monitor and evaluate its effectiveness.					LNA meetings diarised and will be complete by the end of July.
	To reduce Social Work vacancies by recruiting experience Social Workers, International Social Workers, Social Work Under-Graduates and 20 newly qualified Social Workers.					Campaigns with TMP and SW Today are underway. Feedback is we are getting 2k-4k clicks but no conversion to applications. CV will be accepted with 3 questions. 17 (3 to interview) ASYE will commence in September. Further 3 to interview for January. ISW ASYE recruitment not successful. ISW 4 joining in Sept. Another offered and ? shortlisted. EOI collected for internal applicants for the SW degree to be discussed at SLT. good interest in our external vacancy SW degree. Recruitment task and finish group set up to keep the pace and ensure quick decision making.
	To implement a robust Retention Strategy to maintain an effective workforce.					Retention strategy written. Identified wellbeing offer as a gap. Researching positive psychology and resilience training.
	To develop an in-house career pathway to becoming a QSW and to enable experienced Social Workers to undertake advanced training, including post-graduate programmes.					Succession planning underway, will work with BSO to create visual representation of career pathways. Gathering EIO for senior management development program which will involve a blended learning approach. ASW on training pathway Have apprentices on development programs to become QSW.

Theme Four: Quality assurance and audit																					
Overview narrative																		Overview RAG rating			
To note that moderation of audits have been impacted upon due to COVID-19 restrictions.																		Amber			
Our quality assurance and audit programme has been fully revised and relaunched in November 2019. We have focussed on ensuring that there is a more consistent and robust understanding of the audit process of what 'good' looks like. Moderation activity is starting to show improvement in the consistency and reliability of audit findings, ensuring that we have reliable qualitative information to inform continuous improvement in practice. The results of audits undertaken so far shows that significant progress still needs to be made before quality assurance activity is consistently impacting on practice standards. Dip sampling to test the quality has commenced and forms an integral part of the quality assurance framework. This is an area that still requires further improvement. This theme is therefore rated 'amber'.																					
Ref	Performance Measure	2019/20	Period	2020/21									Final 2020/21	Current Year to Date	2021/22		Target		Trend	Benchmarking	
				Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21			Apr 21	May 21	Min	Upper		Month	National
4.1	Case audits: the figures below show an average score based on files audited in the period. A lower score is better. The scoring system is: Exceeds good = 1 Meets good = 2 Does not meet good = 3 Not applicable = 4																				
4.2	Number of cases audited	n/a	Month	10	1	17	18	25	N/A	24	13	6	326	29	6	13	TBC	TBC	↔	n/a	n/a
4.3	Risk is identified, responded to and reduced in a timely way.	n/a	Month	2.6	2.3	2.7	2.7	2.5	N/A	2.6	2.8	2.3	2.6	2.4	2.5	2.4	TBC	TBC	↓	n/a	n/a
4.4	Children, young people and families are appropriately involved	n/a	Month	2.5	2.8	2.5	2.8	2.6	N/A	2.4	2.7	2.3	2.6	2.5	2.7	2.4	TBC	TBC	↓	n/a	n/a
4.5	Decision making is effective and timely.	n/a	Month	2.7	2.8	2.8	3.0	2.8	N/A	2.7	2.9	2.5	2.8	2.6	2.7	2.7	TBC	TBC	↔	n/a	n/a
4.6	Assessments are timely, comprehensive, analytical and of	n/a	Month	2.5	2.5	2.8	2.9	2.7	N/A	2.6	2.8	2.5	2.7	2.6	2.7	2.5	TBC	TBC	↓	n/a	n/a
4.7	Coordination between agencies is effective.	n/a	Month	2.4	2.8	2.5	2.8	2.7	N/A	2.6	2.5	2.2	2.6	2.3	2.3	2.4	TBC	TBC	↑	n/a	n/a
4.8	Consideration and impact of diversity	n/a	Month	2.5	2.7	2.6	2.8	2.6	N/A	2.6	2.7	2.5	2.6	2.5	2.3	2.5	TBC	TBC	↑	n/a	n/a
4.9	Quality of plans.	n/a	Month	2.9	3.0	2.7	2.8	2.9	N/A	2.7	2.9	2.3	2.7	2.6	2.5	2.6	TBC	TBC	↑	n/a	n/a
4.10	Permanency is achieved without delay and reflects assessed needs.	n/a	Month	2.3	2.8	2.8	2.8	2.6	N/A	2.6	2.8	2.0	2.6	2.3	2.0	2.4	TBC	TBC	↑	n/a	n/a
4.11	Children and young people participate in and benefit from effective regular reviews	n/a	Month	2.9	2.8	2.8	2.8	3.0	N/A	2.7	3.0	2.6	2.8	2.5	2.5	2.5	TBC	TBC	↔	n/a	n/a
4.12	Quality of placement	n/a	Month	2.5	2.5	2.4	2.6	2.7	N/A	2.3	2.6	2.0	2.4	2.4	2.4	2.3	TBC	TBC	↓	n/a	n/a
4.13	Are young people prepared for independence and are they living in high quality accommodation that meets their needs?	n/a	Month	2.5	2.0	2.4	2.4	2.8	N/A	2.2	2.8	2.5	2.5	2.5	2.3	2.7	TBC	TBC	↑	n/a	n/a
4.14	How has the help provided improved outcomes?	n/a	Month	2.5	2.6	2.6	2.7	2.5	N/A	2.6	2.8	2.3	2.6	2.4	2.5	2.4	TBC	TBC	↓	n/a	n/a

N/As excluded from denominator.

Data checks and issues

Although 326 are recorded as having been audited in 2020/21, only 180 have recorded scores. Measure affected by late recording - March 2021 figure previously reported as 6, but data have been updated since and shows 13 as at April 2021.

Theme Four: Quality assurance and audit						
Progress in delivering key improvement plan actions						
Objective	Key Actions	Q1	Q2	Q3	Q4	Narrative
Rachel Setter: Ensure that the direct and indirect contributions of children assist in the development of policies and procedures and in the implementation of the Children's Service Quality Assurance Framework.	To develop and implement a Young Inspectors Programme in collaboration with South Devon College.					Working in partnership with SDC, agreed the roles and two areas for focus: Young Carers (youth trust) Preparing for Independence (regulated services). Develop an induction/training package including interviewing skills.Agreed roles (interviewers, analysis/reporting etc.) Will work with level 6 research students to write up findings. SDC are reviewing funding sources and looking at awareness campaigns and bespoke programs following on from recomendations.
Nick Hollins: To ensure that the Children's Service is data literate and is competent in its use to support performance management and service development.	To keep under regular review all aspects of performance management data collation to ensure that they continue to be relevant to our understanding of the children's journey.					May 21 Performance Report has been produced based on data run from the PARIS System prior to its shutdown on 3rd June 2021. All performamcne Mangement Data for the month of June 21 onwards will be produced using data from the new Liquidlogic System. The first monthly performance report for June 21 will be available on 3rd July 2021 and will be deliveried utilising Power Bi in the agreed format. Drill down data will be available in the agreed format approx two weeks later for use within Performance Surgeries.
Rachel Setter: To ensure regular corporate and political awareness and scrutiny of frontline practice.	CEX and CSIB chair to continue to undertake assurance visits across the service and a programme of practice weeks is scheduled and implemented with the outcomes informing strategic and operational practice developments.					
Rachel Setter: To strengthen quality assurance and audit activity by obtaining contributions from children, their families, partner agencies and professionals.	To develop and implement a formal feedback loop to receive feedback from partners and families.					June 2021 10 children will be chosen from June's Audit Sample. Bexs Rushton will undertake the feedback gathering and writing the report.
Rachel Setter: Improve the effectiveness of learning from complaints through a process of systematic scrutiny that contributes to improved social work practice and better outcomes for children.	Weekly updates to be provided at the Heads of Service meeting with timescale slippage to be escalated to the Director or a nominated deputy.					Meeting booked with Ben Simpson to take this forwards and clarify process and reporting mechanisms and discuss training need to prevent escaltion up the levels.