Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
1	**CHILDREN IN NEED OF HELP OF PROTECTION**						
1	**Ensure that assessments are timely, proportionate and effectively identify the risks and needs and protective factors, leading to appropriate and measurable plans**						
1.1	Assessments should be completed within 20 days, with exceptions being completed within 45 days	Head of Service MASH/ SA Head of Service SASF	• Assessment Timeliness practice standards to be revised • Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. • Performance reporting to specify the distribution of working days from the referral outcome to assessment authorisation.	Dec 2016 Dec 2016 Phase 1 completed Phase 2 Mar 2017 (LOGI) version	Standards to be understood and implemented by staff Standards to be understood and implemented by staff. Increase in percentage of assessments completed within 20 days. Target – 59.1% Target for 45 days – 83%	COMPLETED COMPLTED	**Next phase of Performance monitoring on this measure underway. Current performance has been scrutinised and benchmarked against a good authority. This data is one of a new comprehensive suite of key indicators being shared at Team manager level – launch of this approach will start 13/12/12.** **9.12.16**
1.2	S47 assessments to be completed within 15 working days	Head of Service MASH/ SA Head of Service SASF	• CP Enquiry (S47) practice standards to be revised • Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. • Heads of Service to comply with management oversight appendix within Scheme of Delegation in relation to S47 authorisation.	Dec 2016 Dec 2016 Dec 2016	Staff understand and implement Staff understand and implement All HOS understand and comply	COMPLETED COMPLETED COMPLETED	**Performance on this measure shows sustained improvement at to the planned levels** **8.12.16** **Practice standard Issued and clarified with staff backed up with regular scrutiny of performance data and system changes that automatically notify**

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			• Performance reporting to specify working days from strategy meeting outcome to conclusion of S47.	Phase 1 completed Phase 2 Mar 2017 (LOGI) version	Target – 95% all CP investigations completed within timescales. 70% of all ICPCs to be held within 15 working days of the initial strategy meeting/discussion.	COMPLETED	**HoS on all completed Sc 47s 9.12.16** **Scheme of Delegation launched with staff 13/12/16 Phase 2 of performance monitoring launching 13/12/16 9.12.16**
1.3	Child's record identifies risk, needs and protective factors	Head of Service MASH/ SA Head of Service SASF	• Assessment Quality practice standards to be revised. • Practice standards to reflect consistent use of Signs of Safety risk assessment and danger statements. • Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams. • 5 day Signs of Safety training commissioned for all social work staff during November 2016. • All assessments and plans to include, as a matter of course, whether/not a child is at risk of CSE	Feb 2017 Dec 2016 Jan 2017 Jan 2017	To be issued, understood by staff and implemented and evidenced in case file auditing. All staff understand and comply, as evidenced in case file audits. Training delivered and staff using it in their daily work.	COMPLETED COMPLETED COMPLETED COMPLETED	**Audit Moderation meeting with HoS completed November 16. 9.12.16** **Practitioner requested changes to assessment and Section 47 investigations made live on system W/E 4/11/16 9.12.16** **60 Staff Sws, TMs, IROs and HoS completed 5 day training. 9.12.16** **CSE specific risk assessment form due to go live on PARIS Dec 2016**

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			and if so, whether the risk is low, medium or high.		This should be evidenced as part of case auditing processes. 70% target of case audits which rated the quality of assessments as RI, good or outstanding		**9.12.16**
1.4	Ensure that every assessment contains robust analysis (**Ofsted December 2016**)	AD/Heads of Service and Lead Auditor	• Section on assessment for the person completing the assessment to provide their analysis and rationale for plan/intervention • 3 workshops with HoS, TMs, ATMs, IROs to be set up to provide clarity on what constitutes good assessment/analysis • TMs must sign off all assessments and should not sign off without seeing robust analysis. HoS to ensure this is audited each month and necessary actions taken and followed up. • Progress to be reported in ext audit report (and on-going)	Jan 2017 22/23 February; 1/2/7/9 March Monthly audits from Jan 2017 Feb 2017	Evidence of practitioner analysis from audit activity Auditors know what good looks like Audit activity seeing consistent application Evidence of progress	COMPLETED	**This is now in place and well received by practitioners. (9.2.2017)** **Sessions have been booked and all auditor's have to sign attendance. (9.2.2017)**
1.5	Ensure that staff understand the	AD/HoS	• Written guidance to immediately be issued to staff	Dec 2017	All front line staff have received this and are	COMPLETED	**All staff aware and have been reinforced in HoS**

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	process for strategy meetings/S47 enquiries and that decisions are recorded **(Ofsted December 2016)**		• Working Together to be issued to all front line staff on a recorded basis	Feb 2017	following it All front line staff have received this and understand it and sign to say they have received it and followed up in supervisions.		**meeting with Managers and Practitioners**
			• Strategy meetings must be minuted and report the purpose, who attended the meeting, who will be seen, by when and by whom. Meeting pro-forma and guidance to be issued to staff	Feb 2017	All staff following these expectations		
			• Audit proforma to include specific section on strategy meetings	February 2017	Audit evidences good minutes and tracking from strategy meetings.		
				Jan 2017			
1.6	Consistent application of CP thresholds and CP process	Head of Service MASH/ SA Head of Service SASF	• Heads of Service to comply with management oversight appendix to Scheme of Delegation in relation to S47 authorisation. • Performance reporting to capture Heads of Service oversight	Dec 2016 Mar 2017	This should be evidenced in case file audits. Evidence from performance reporting and case file audits.	COMPLETED	**The number on plans is risen significantly since July 2017 this is subject to performance management scrutiny and a thematic audit review – early indicators are that this links to a change in**

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			• Further child Protection training to be facilitated for all Team Managers and Chairs / IROs. • One consistent pro-forma is needed for Core Groups and Minutes should be available at all times. **(OFSTED DEC 2016)** • Ensure that core groups are developing child protection plans. **(OFSTED DEC 2016)** Training to IROs on what is expected and what they should be challenging.	Mar2017 Feb 2017 From Jan 2017 and ongoing	All staff are clear about thresholds. Consistent proforma is issued and expectations made clear to staff and picked up in audit. To be evidenced in case file auditing; picked up by IROs in DRPs and by Lead IRO/HOS in IRO effectiveness audits. Section 47s that lead to an initial case conference – 39% target	DRAFT COMPLETED. OUT TO STAFF BY END OF FEB AUDIT ACTIVITY IN JAN 2017 HAS EXAMINED THIS – ONGOING EVERY MONTH	**practice guidance HoS automatically notified on all section 47s completed including those potentially returning to a Plan for a second time. 9.12.16** **Audit activity has revealed some inconsistency around the function of core groups and this has been addressed in the service concerned. (9.2.2017)**
1.7	Reduce number of single assessments that result in no further intervention	Head of Service MASH/ SA Head of Service SASF	• MASH Operational practice standards to be revised and implemented. • Additional descriptors to be written into single assessment to identify interventions completed • Assessment Quality practice standards	Jan 2017 Dec 2016	Issued to staff, understood and implemented. Picked up in case file audits	COMPLETED COMPLETED	**The number and proportion of single assessments that do not lead to any further role have increased so far this year. This is understood to be linked to the operation of a SoS approach.**

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			to be implemented across Single Assessment and Safeguarding and Supporting Families teams.	Feb 2017	Issued to staff, understood and implemented. 2 % target reduction from current baseline.		**Additional descriptors of assessment outcomes are still to go live on PARIS. 9.12.16**
2	**Ensure that timely decisions are made on contacts and referrals and that initial visits to children are prompt**						
2.1	All contacts/referrals to be screened within 24 hours.	Head of Service MASH/ SA	• MASH operational procedures to be written and implemented within the MASH. • Performance reporting to specify distribution of working days from contact to referral outcome.	Phase 1 completed Phase 2 Mar 2017 (LOGI) version	Circulated to staff, understood and implemented. Able to target where intervention is needed. Target – 85% of contacts where a decision was made within 24 hours	COMPLETED COMPLETED	**Data is routinely and regularly scrutinised. 85 % of all contacts to CS now receive a decision within 24 hours, a further 10% are made within 2 days. Delays in decision making are linked to the need to seek further clarification from referrers and locating other professionals for further information. The next phase of performance data showing service and team manager's views will be launched on 13/12/12. 9.12.16**
2.2	Children in need to be seen within 5 working days of referral outcome.	Head of Service MASH/ SA	• Child Seen practice standards to be revised	Jan 2017	To be issued, understood and implemented.	COMPLETED	Compliance have improved significantly against historical baselines but is still too variable

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			• Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams. • Performance data to specify out of assessments scheduled in that reporting month the distribution of working days until child seen.	Jan 2017 Phase 1 completed Phase 2 Mar 2017 (LOGI) version	To be issued, understood and implemented – case file audits. 90% target - referrals where the child was seen within 5 working days (SA)		across and within services. The best levels of compliance are within the Assessment Service and the worst are within the Disability Service **these issues are being challenged and addressed in service plans, performance reporting and performance meetings/scrutiny.** 8.12.16
2.3	Children in need of protection to be seen within 1 working day of S47 starting.	Head of Service MASH/ SA Head of Service SASF	• Child Seen practice standards to be revised • Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams. • Performance data to specify out of assessments scheduled in that reporting month the distribution of working days until child seen.	Dec 2016 Dec 2016 Phase 1 completed Phase 2 Mar 2017 (LOGI) version	Issued, understood and implemented – case file audits. Issued, understood and implemented – case file audits Target 90% of referrals where the child was seen within 1 working days (Sc 47)	COMPLETED COMPLETED	Compliance levels have not been sustained **these issues are being challenged and addressed in service plans, performance reporting and performance meetings/scrutiny** 8.12.16 **The next phase of performance data showing service and team manager's views will be launched on 13/12/12.** 9.12.16
3	**Ensure that 16-17 year olds who are homeless are given the opportunity to have a comprehensive assessment and help and support according to their needs**						
3.1	Referrals are made	YOT Manager	• Develop practice standards for Youth			COMPLETED	**More young people are**

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
	for all young people who present as homeless		Homelessness Prevention Service to ensure that all homelessness is recorded for 16-18 year olds. • Develop and implement process for referral for 16/17 year olds with Youth Homelessness Prevention service. • Agree Screening process with MASH and implement. • Coordinate weekly tracking meeting for Social Workers completing assessments and Youth Homelessness Prevention workers.		Practice standards issued, understood and implemented. Staff clear as evidenced in case file audits. 100% of all young people who present as homeless are appropriately recorded as homeless. All of these young people are referred for an assessment to MASH.	COMPLETED COMPLETED COMPLETED	**now being subject to social work assessments and several have entered care as a result.** **9.12.16**
3.2	All young people receive the opportunity for an assessment in line with the Southwark Judgement	YOT Manager	• Develop practice standards and implement in IYSS to inform process for youth homelessness assessments. • Produce guidance on when an assessment is necessary and implement		To be issued, understood and implemented. To be issued, understood and	COMPLETED COMPLETED	100% of young people who are referred for an assessment are now given the opportunity to have one as recorded on the Youth Homelessness referral tracker.

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			between Youth Homelessness and IYSS Management Team.		implemented.	COMPLETED	**More young people are now being subject to social work assessments and several have entered care as a result. 9.12.16**
			• Train YOT Social Workers in Signs of safety.			COMPLETED	
			• Train YOT Social Workers in Single Assessments.		To be issued, understood and implemented.		
			• Develop youth homelessness tracking report.			COMPLETED	
					Evidence that 100% of young people who meet the criteria for assessment are given the opportunity to have an assessment.		
3.3	Assessments lead to an offer of help and support where needed	YOT Manager	• Develop and implement new practice standards for assessment and management oversight in IYSS. For process of assessment and management oversight.	Nov 16	Issued, understood and implemented.		**Performance of IYSS is part of the data sets used across Children Services. The % of CYP entering care has risen as anticipated 9.12.16**
			• Ensure that SW in IYSS complete single assessments.	Nov 16	Assessments lead to an offer of suitable help and evidenced through case file audits.	COMPLETED	
4	**Ensure that all children who go missing from home or care are offered a timely and comprehensive return interview and that information from these interviews is collated to inform effective targeting of preventative and protective services**						
4.1	Children who go missing to be offered	HOS for Safeguarding and	• review contractual arrangements with existing service provider		Target – 80% of young people who were	COMPLETED	Review quarterly contract monitoring data to

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	a return home interview within 72 hours of their return	QA	• issue contract variation • develop and implement set of return home interview practice standards	Jul 2017 Nov 2016	provided with a return home interview within 72 hours Issued, understood and implemented.	COMPLETED	evidence this position.
4.2	Monitor and analyse information from return home interviews in order to improve future practice	Consultant SW/CSE Coordinator CS Performance Lead HOS for Safeguarding and QA	• all young people who go missing to be discussed at the weekly multi-agency Missing Monday Meeting • Develop PARIS template to ensure that all missing data is recorded on PARIS • Develop LOGI report to monitor volume and timeliness of return home interviews • Complete TSCB MACA audit to look at the quality and impact of return home interviews and disseminate learning.	Sept 2016 and ongoing May 2017 May 2017 Mar 2017	70% of return home interviews audited that were judged to be RI, good and outstanding.	COMPLETED	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards. The extent to which RHI informs practice has yet to be determined.
5	**Ensure that the number of children at risk of CSE is known and actions plans are in place**						
5.1		Head of Services Targeted Intervention	Pending information from HoS				

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
2	**PARTNERSHIP WORKING**						
5	**With partners, ensure that multi-agency thresholds are understood and consistently applied across the partnership**						

5.1	Develop an early help strategy and pathway for Torbay	AD/HoS/TSCB	• Multi-agency workshops between Dec 2016 and April 2017 to agree:-
			
			   o Shared vision and language for Early Help in Torbay
			
			   o Fit for purpose threshold document agreed
			
			   o Pathways, processes and paperwork agreed
			
			   o Interventions
				Dec 2016 – April 2017	Clear strategy and precise guidance that is understood and applied by the multi-agency group. Thresholds understood and applied by the multi-agency group.		

6	**Work effectively with partnerships to ensure that children receive timely and effective early help and assessments and plans are in place for each child**						
6.1	Single Point of Access	AD/HoS	• Develop 1 front door for early help and statutory services. Staffing , paperwork and comms to partner agencies to take place in Jan/Feb 2017	End Feb 2017	Improved and consistent thresholds		
6.2	Early Help Assessments are comprehensive and reflect the right threshold of need	Head of Services Targeted Intervention TSCB	• Develop and implement EH practice standards, as part of work in 6.1 • Deliver TAF training programme for partners • Develop and implement EH audit tool as	Jan – April 2017 Mar –May 2017	Improved, consistent thresholds and coherent pathways to intervention, as evidenced in case file audits.		Partners are confident in multi-agency TAF working within the community. Partners are confident in completing EH assessments and TAF plans. More detailed data/audit activity

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			part of work in 6.1	Jan – April 2017	.		needed.
6.3	Children receive a timely response for EH and targeted intervention	HOS Targeted Intervention EH Team	• Review role of EH panel and processes, as part of the Early Help Strategy refresh outlined in 6.1	Jan –April 2017	Children receive an appropriate and timely response, based on robust assessment – case file auditing.		Data needs to be recalculated and presented in line the other compliance measures.
7	**Ensure that the threshold for a referral to the Designated Officer is well understood across the partnership**						
7.1	Ensure that the threshold for a referral to the designated officer is well understood across the partnership	HOS for Safeguarding and QA CS Performance Lead HOS for Safeguarding and QA	• Develop and implement a set of LADO practice standards • Deliver awareness raising sessions on LADO role across partnership • Develop PARIS templates to ensure that all LADO activity is recorded on PARIS and can be reported on • Complete and sign off annual report for 2015/16 • Undertake a thematic audit on LADO	Nov 16 Mar 2017 Mar 2017 Nov 2016 Sept 2017	Issued, understood and implemented across the multi-agency group. Develop improved understanding of the role Accurate recording and tracking Highlight activity for 15/16 QA processes	COMPLETED COMPLETED COMPLETED	Review quarterly monitoring data to evidence this position **New forms built in PARIS and went live W/E 21/10/16.** **9.12.16**
8	**With partners, ensure that timely and effective services are in place, particularly in relation to domestic abuse, adult mental health, CAMHS and emergency duty service**						

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8.1	Ensure that domestic abuse work has a clear strategy and action plan	Children's Commissioner / TSCB	• Ensure Children and young people group are fully considered within review of Domestic Abuse Strategy • Convene multi agency workshop to review current arrangements and begin to shape future provision	Mar 2017	Roll out of domestic abuse strategy	COMPLETED	**Community services have agreed the funding of an additional coordinator post to operate within the service. 9.12.16**
8.2	EDS provides a timely and effective service to children out of hours	Children's Commissioner / TSCB' HoS Targeted Intervention	• Children who are in need of protection receive a robust timely service OOH's – development of practice standards. • Children receive an appropriate response OOH's as required • Engagement in EDS / Devon project steering group	Apr 2017 From Dec 16 and ongoing Apr 2017	OOHs are clear about expectations, roles and responsibilities. Case auditing/QA work. More effective regional way to deliver this service.	ONGOING ACTIVITY	**Cross area working has commenced to develop a sustainable multi area EDS solution No issues emerging from audit activity. (9.2.2017)**

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3	**SAFEGUARDING AND QUALITY ASSURANCE**						
9	**Strengthen the quality assurance role in Independent Reviewing Officer and Child Protection and Chairs and ensure that reviews and conferences result in effective information**						

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9.1	Recruit and retain IRO and QA roles	HoS Safeguarding and QA	• Recruit to vacant roles		100% IRO workforce	COMPLETED	**IRO vacancies and management roles have been filled, but recruitment and retention activity has as yet not made any in roads to the levels of permanent staff. However the use of agency staff has reduced. 8.12.16**
9.2	Implement Signs of Safety Approach	HOS Safeguarding and QA / Senior IRO	• Ensure CP Chairs trained in SOS Approach	Nov 2016	100% IRO compliance with training	COMPLETED	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards.
			• Introduce Signs of Safety as a method to conduct CPCs	NOV 16	100% compliance – IRO effectiveness audits audits	COMPLETED	
			• Develop and implement a set of practice standards for CP Chairs and IROs	Dec 2016	Circulated, understood and implemented, so that IROs are very clear about their core tasks, roles and responsibilities.	COMPLETED	**over 60% of staff have completed the full training and it is anticipated that the full staff group will be trained by the end of March 2017. Multi agency colleagues have been trained too and CPCs are now conducted using the Signs of Safety Framework. 8.12.16**
			• Exercise to understand the way professionals apply the scale of risk factors within child protection conferences. **(OFSTED DEC 2016)**	Feb 2017	Confusion is minimised and there is one clear consistent message to parents/children and young people and professionals.	IN PROGRESS	

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9.3	Monitor and analyse service specific performance information	HOS Safeguarding and QA CS Performance Lead HOS Safeguarding and QA	• Develop SARS practice standards • Develop a LOGI PARIS report that captures agreed data set and monitors compliance with practice standards for CP Chairs and IROs • Data to include a regular measure on the timeliness of ICPCs. **(OFSTED DEC 2016)** • Undertake a themed audit on repeat CPPs	Jan 2017 Phase 1 completed Phase 2 Mar 2017 (LOGI) version Jan 2017 To be completed by end of February 2017	Rolled out, understood and implemented so there is improved and consistent practice. Consistently clear management information so that areas for further work can be targeted. Target percentage of 95%ICPCs being help within timescales should be the target. Thresholds understood and applied consistently and that quality of child protection planning is robustly protecting children.	COMPLETED COMPLETED IN HAND	**Changes in PARIS have been made to capture the additional data required by the service. Half of the data report has been built. 9.12.16** **Ata set now included this data and it is analysed on a monthly basis. (9.2.2017)** **Audit has taken place and analysis will be made available by end of February 2017 (9.2.2017)**
9.4	Ensure IROs and CP Chairs provide effective scrutiny and **challenge (Ofsted Dec 2016)**	AD/HoS for this service	• HoS for this service and Lead IRO to audit the effectiveness of IROs on a weekly basis – 1 case per IRO, per week, based on an agreed audit tool	From Jan 2017 and weekly on an on-going basis	IROs providing robust and appropriate scrutiny and challenge -70% target of cases audited where IRO oversight was rated as RI, good or outstanding.	PROCESS COMPLETED AND IN PLACE AND WILL BE ONGOING	Historic audit judgements are recognised as being over optimistic. New baseline based on audits completed in September onwards

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			• Hampshire colleagues to visit to ensure that the IRO audit tool is robust, that auditors know what good looks like and to complete seminars with IROs in their role in scrutiny and challenge • Letter to IROs from AD to clarify expectations • Number of DRPs (in relation to assessment and planning to increase and Lead IRO/HOS to sign off DRPs before they go out. • Introduce monthly team performance meetings • Establish routine of practice observations of CP Chairs and IROs annually	Jan – April 2017 Jan 2017 Jan 2017 and on-going Feb 2017 and ongoing Feb 2017 and ongoing	IROs providing robust and appropriate scrutiny and challenge and knowing what good looks like IROs clear about their core business Increase by 10% of DRPs being raised based on quality of assessments and plans. DRPs to be of good quality and targeting issues appropriately To share data and action plan for improvement – effectiveness audits of IROs Reassurance that IROs are acting a sper the IRO handbook.	COMPLETED	

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9.5	CLA, CPPs, pathway plans should be SMART and well **established (Ofsted Dec 2016)**	AD/HoS/IROs/Lead Auditor	• 3 workshops with HoS, TMs, ATMs, Pas and IROs to provide clarity on what constitutes a good plan • One consistent pro-forma per category of plan should be issued to staff and decisions about whether PARIS or Word	22/23 Feb and 1/2/7/9 March 2017	Auditors clear on what good looks like All staff using consistent pro-formas	IN PROGRESS (DATES AS STATED) IN PROCESS	**All auditors have to attend all 3 seminars on a signed for basis. (9.2.2017)**
			• IROs and case file auditors to ensure that quality of the plan is audited fully each month and that necessary actions are taken and followed up.	From Jan 2017 and on-going	Increased percentage of good robust plans by 5%	IN PROCESS	**Will be reported on in March 2017 (9.2.2017)**
			• IROs to raise DRPs when plans are not SMART and robust	From Jan 2017 and ongoing	Poor plans are appropriately challenged.	IN PROCESS	**There has been a steady increase throughout January 2017 (9.2.2017)**
			• Case file audit tool to be amended so there is a clearer expectation on what constitutes a good plan.	Jan 2017	Issued and expectations clarified. Inadequate audits to be re-audited within 2 months. Case file auditing and moderation	COMPLETED	**Completed and issued (9.2.2017)**
			• Child protection plans and CIN Plans need to be clear and explain what parents need to do to change their behaviour, by when, and the consequences of not sustaining any change. They must have a contingency.	From Jan 2017 and ongoing	Case audits and moderation and scrutiny of IRO (IRO effectiveness audits) and use of DRPs increase by 5% to target this issue.	IN PROCESS	**Now being picked up in auditing activity (9.2.2017)**

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4	**CHILDREN LOOKED AFTER AND PERMANENCE PLANNING**						
10	Monitor the progress of children looked after more closely at Key Stage 4 and pay greater attention to ensuring that they achieve five GCSE grades A* - C, including English and Maths						
10.1	Monitoring progress at key stage 4	Virtual Head	• To use the current tracking system to implement Progress, Review, Intervention and Monitoring (PRIM) meetings on half term basis. • Refocus Virtual School Governing Board scrutiny on improving outcomes for CYP • Develop monitoring system based on learning from Rees Report • CLA at key stage 4 are supported to do as well as they possibly can.	Half Termly Termly Dec 2016	Meeting or exceeding expected progress Percentage of CLA achieving 5 GCSEs (A*-C, including maths and English) – September 2016 we achieved 21.7% Our target is to improve on this in 2017	COMPLETED COMPLETED COMPLETED	These arrangements have enabled the better identification of those CLA that are on the cusp of underperformance and intervene accordingly
10.2	Attention to attainment	Virtual Head	• Deliver next tranche of attachment training • Develop the Designated Teacher Handbook. • Purchase and use GCSE pod.		Take up of training CLA progress for pupils using the GCSE pod	COMPLETED COMPLETED	Around 20 practitioners have completed attachment training with a further 4- scheduled within the current programme

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			• To train foster carers on expectations of how to support learning			COMPLETED	
10.3	LAC should not be routinely taken out of school to meet with social workers **(DEC 2016)**	HOS	• Clear message to be given to all staff • IROs need to ensure this is not happening.	January 2017	Staff are clear regarding expectations and are only visiting children in school by exception.	COMPLETED	**All staff very clear about expectations and any exceptions to be agreed by HOS, but only in exceptional circumstances. (9.2.2017)**
10.4	Corporate Parenting strategy needs to be developed	Virtual Head	• Embed joint accountability with VSGB re-attainment plus contributing factors identified in Rees Report.	Dec 2016 and termly	Improvement in the factors identified by Rees Report	COMPLETED	
11	**Merge the Permanency Policy and ensure that permanence planning is pursued for all children in a timely manner and that consideration is routinely given to Foster to Adopt arrangements and concurrent planning, where appropriate.**						
11.1	Permanence planning is considered at the earliest stage and revisited throughout the child's journey	AD/Head of Service Specialist Services	• Revise permanency policy and practice guidance • Revise permanence Panel Terms of Reference and put into practice guidance • Provide training on permanence Planning policy and practice standards	Issued by end of February 2017 Jan 2017	One consistent approach to achieving permanency that is clear to staff – both documents to be rolled out, understood and implemented – IRO scrutiny and audit processes.	 COMPLETED	**this had been signed off, but AD has picked up some inconsistencies, so being updated. Work schedule is planned and will take place from December 2016 onwards. 8.12.16** **This meeting is now working more effectively and tracking actions, in order to evidence**

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
				Apr 2017			**completion. (9.2.2017)**
11.2	Permanence Plans improve outcomes for children and young people	AD/HoS/Reviewing Service	• All CLA to be on a plan for permanence by the time of the second review • Care plans must be robust and include a plan for permanence • Permanence planning case note to be developed in PARIS or Word so IROs can note when child is in their permanent placement	From Jan 2017 onwards From Jan 2017 onwards February 2017	Full compliance – data and auditing 70% target of plans to be at least RI or better Target – 75% of CLA who have been in care for 12 months or more who are in their permanent placement .		**Now that we have a suite of data reflecting the journey of the child, we can monitor progress. Next progress report wil be for January 2017 data (9.2.2017)**
11.3	Actively consider Foster to Adopt arrangements in Permanence care planning	Head of Service Specialist Services	• Foster to Adopt Policy to be reviewed in line with Adopt South West • Develop and implement Foster to Adopt Practice Standard • Provide training on Foster to Adopt process and practice standard	Jan 2017 Jan 2017 Feb 2017	COMPLETED 2% increase in number of children with a plan for foster to adopt from 2016 baseline.	COMPLETED	**First foster to Adopt placement is now underway 9.12.16**

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
5	**CARE LEAVERS**						
12	**Develop ways for care leavers to receive clear and effective advice and guidance on their next steps, which include more formal communication to them of their entitlements**						
12.1	Improve the delivery and access to	YOT Manager	• Review and improve communication of care leaver entitlements , IAG and next	Dec	Care leavers know their	COMPLETED	Work is now underway to obtain the views of care

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	information for care leavers		steps via social media • Deliver revised care leaver booklet • Re-fresh care leaver website • Expand and increase social media presence of care leaver service	2016 Dec 2016 Dec 2016	entitlement in the various communication forms. 70 % of Eligible and relevant and former relevant that said they had accessed the website Number of website visit by monitoring usage Number of former relevant and relevant CYP in contact need target	 COMPLETED COMPLETED COMPLETED	leavers via the young people's forum
13	**Ensure that the quality of pathway plans is consistently good and that care leavers are actively encouraged to contribute to the development and content of these plans**						
13.1	Pathway plans to be re-designed in consultation with young people	Care Leavers Practice Manager Social Work Student	• Review pathway plan that reflects national best practice and young people's views • Deliver and implement improved pathway plan that clearly reflect the views of young people	Dec 2016	New designed and implemented pathway plan Target 90% of pathway plans were the young person's contribution was evident	COMPLETED COMPLETED	New Pathway Plan implemented Jul 2016
13.2	Quality assurance processes in the care	YOT Manager	• Establish and implement QA framework for pathway plans	Dec 2016		COMPLETED	**A service meeting has been held and a robust**

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
	leavers team to ensure good quality pathway plans				70% target of pathway plans judged to be at least RI or better		**process agreed for case file auditing and for a greater number of cases being audited. Head of Service to audit with Team Managers in order to provide additional scrutiny and challenge. 8.12.16**
13.3	Young people's forum to review pathway plans on a yearly basis.	Care Leavers Forum	• Establish Care Leavers' forum as key mechanism to obtain views on effective practice		Effective and regular forum and evidence of doing something with this information to impact service delivery and development.	COMPLETED	Feedback collated December 2016
13.4	Pathway plans to be improved in response to feedback from MOMO app.	Care Leavers Practice Manager YOT Manager	• Ensure usage of MOMO app across the service, through provision of appropriate technology and training for staff. • Data from MOMO app to be used to review quality of Pathway Plans. Pathway plans. Case file auditing process to be used to understand the quality of pathway plans.	Apr2017 Apr 2017	% of CLA 15 + who have used MOMO –target? 70% target of pathway plans judged to be at least RI or better.	In process In process	**This will be reported in April 2017. 8.12.16** **This will be reported in April 2017 – we need to give new auditing process time to bed in. 8.12.16**

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
6	**LEADERSHIP AND GOVERNANCE**						

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
14	**The Chief Executive should ensure that leadership in Torbay is strong, consistent and sharply focused on improving and sustaining outcomes for children throughout children's social services**						
14.1	Increase corporate oversight and understanding of CS performance, resource and outcomes	DCS / CX	• Introduce weekly keep in touch meeting/teleconference between DCS & CX	Summer 2016	Latest Ofsted monitoring letters confirm positive progress. Regular meetings taking place	COMPLETED	Well informed on CS performance, budget and outcome
		DCS / CX	• Implement monthly reporting from DCS to CX on CS performance using appropriate comparator data	Summer 2016	Latest Commissioner reports confirm positive direction and progress. Reporting taking place as expected.	COMPLETED	CX has a comprehensive overview of performance using appropriate comparators
		DCS / AD corporate Services	• Children Services key decisions and plans incorporated within annual cycle of council decision making arrangements. • Overview & Scrutiny Working Party for Children's Services established.	Summer 2016	Key decisions and plans subject to member oversight	COMPLETED COMPLETED	Key decisions and plans subject to review and revision by Elected Members
14.2	Corporate Parenting Board	Lead Member AD / Head of Specialist Services	• Ensure that CPB meets regularly • Develop CP strategy, Plan, refresh Pledge • Launch Pledge • Training for PCB elected members by LGA arranged / provided	Dec 2016 March 2017 March 2017	CPB meeting regularly as expected. Clear strategy in place Pledge launched and circulated Clarify of role and expectations.	COMPLETED (FEB 2017)	CPB dashboard CPB action plan

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				Mar 2017			
15	**Improve the quality of performance management and monitoring through an improved and robust suite of data, effective and challenging management oversight and rigorous action planning**						
15.1	Deliver Management reporting tool platform	Principal Performance Manager	• Deliver new online reporting tool for all managers and populate with live performance data (first phase)	June 2016	Team managers and Services Managers critique performance and address areas for development in a timely way.	COMPLETED	**Online Tool live and available to Service Managers. Introductory sessions with all managers have been completed. 9.12.16**
			• Develop a suite of Performance Indicators to span the Child's Journey	December 2016	Suite of indicators distributed and understood.	Completed	
			• Establish drill down function on key performance data to see practitioner and team performance	Jan 2017	Team managers and HoS critique performance and address areas for development in a timely way. These 'front sheets' for each PI to show, at a glance, how a team is doing month on month and in relation to other teams.	In process – to be completed fully April 2017	**Second phase of performance management involving service and team managers is being launch 13.12.16**
			• Introduce benchmark information across performance data	Feb 2017	70% target of practice standards where there is evidence of sustained improvement in performance		**Benchmarks have been used in manager's monthly performance meetings. 9.12.16**
			• Build further PM and service views	Mar	More robust and		**Second phase of performance**

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
				2017	clear management information.		**management involving service and team managers is being launched 13/12/16 8.12.16**
15.2	Develop and implement data addressing areas for drift and delay	Principal Performance Manager	• Develop data on timeliness of decision making, visiting and assessment timeliness. (Data Gaps noted by Ofsted are addressed.)- first phase • Refine views of key practice compliance measures (2nd phase)	Jun 2016 Mar 2017	%70% target of practice standards where there is evidence of sustained improvement in performance	COMPLETED	**Data on MASH decision making and visits during CIN and CPP and timeliness of assessments improved on base line Oct 15. Areas of lower performance on 1st visits are being challenged. 9.12.16** **A more comprehensive set of KPIs that build on existing practice standards will be launched with TMs on 13.12.16**
15.3	Re-establish performance management routine and embed performance within the culture	Assistant Director, Principal Performance Manager, Business Support Manager and HoS	• TMS and HOS to meet on a monthly basis with AD to review progress and agree actions – regular performance meeting • Each service to produce their own practice standards and service plans. The practice standards will set out expectations and the service plans will clarify how these will be met.	Jan 2017 Jan2017	Performance culture embedded at Team Manager level, so progress can be tracked and action taken accordingly. All services are clear about their key priorities	COMPLETED AND ONGOING COMPLETED	**This work has started and a day with Team Managers will be held on 13 December to re-launch the performance framework. 8.12.2016** **By January 2017, each service will have an updated set of practice standards and service**

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			• DCS and AD to meet with HOS and Performance Manager on a monthly basis to review progress and agree actions. • Tracker systems to be implemented in each service, with the purpose of enabling the HOS, on an ongoing operational basis, to track individual performance activity and deal with areas of concern as they arise and put them right.	July 2016 and ongoing Feb 2017 Oct 2016	Senior Managers own the data and take action accordingly Services have a system to track management information for their service.	COMPLETED AND ONGOING COMPLETED	**plans, which highlight key priority areas. 8.12.16** **These meetings are now held as a matter of routine. 8.12.2016** **A visiting tracker has already been implemented. The full tracker will be available to use from 13 December 2016. 8.12.16**
			• Develop performance reports for key governance and decision making forums – corporate reporting, Children's Improvement Board, Lead member / CX , Corporate Parenting Board (first draft) • TSCB performance reporting (CS	Aug 2016	Service Managers and Team managers able to provide own narrative on progress and use data to inform service plans TSCB own the data and	COMPLETED	Q2 Evidence that improvement actions routinely addressed

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			element) – first draft	Dec 2016	understand trends and issues needing action in key areas.		
			• Develop routine reports on the quality outcomes of case audits KPIs via LOGI	Feb 2017	Overview of practice quality readily available to DCS,AD, team and service managers every month		Overview of case audits begins to be reported in monthly meetings
			• Develop routine reports on what children are saying (from MOMO)	May 2017	% of CLA who have used MOMO – target 40%		CLA overview of feedback begins to be reported in monthly meetings
15.4	Refine and update PARIS forms to reflect practice and additional information needs	Principal Performance Manager	• Develop, refine PARIS forms as specified by Ofsted recommendations and remove and reduce unused and forms and fields from PARIS. • **Phase 1 -** Revised SA and Sec 47 Refine case notes Refine overview checks SoS CPP plan New LADO forms Reduce and remove off line additional SARS forms Audit form Performance Overview for SARS Update CWD CIN coding Address missing data items in Adoption Team Visiting tracker	Nov 2016	Number of forms revised (and simplified) since April 2016	COMPLETED	Q1 Introduce event based case notes – setting up event based notes , referral return letter Q2 – Address LADO, IRO and Single Assessment, Sos Plan, Audit tool, **Q3 – Address recording of non CIN, additional case notes for PLO and Case supervision 9.12.16**

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NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			Phase 2 Legal tracker Fostering service electronic recording CLA review forms Refine Early recording Case supervision form Professional supervision form Refine Missing and CSE capture	May 2017			**Q4 legal tracker Start working on Fostering and finalise Adoption, Perm planning and personal supervision 9.12.16**
			• Upgrade Paris to keep in line with latest releases	Mar 2017	CS staff benefit from removal of known system errors		**Q4 latest version due to be rolled out in February – testing of new version already underway 9.12.16**
16	**Ensure that audits are routinely embedded and learning from audit activity and training is systematically evaluated and contributes to a learning culture with the organisation**						
16.1	Implement a new audit tool	Lead Auditor	• Develop and implement new case audit tool • Roll out training and guidance to auditors		New audit tool on PARIS 70% target of cases audited as at least RI or better	COMPLETED COMPLETED	Quarterly audit report demonstrates compliance with new audit arrangements
16.2	Improve Audit Activity	AD/HoS/Lead Auditor	• All requested audits to be completed without exception. HoS to ensure this is happening • Mandatory seminars for all auditors on what good looks like (assessment and planning) to take place • Audit tool to be updated to include strategy meetings and expectations	From Jan 2017 and on-going 22/23 Fen and 1/2/7/9 March 2017 Jan 2017	90% compliance minimum Evidence of attendance. Evidence through audit activity of auditors having a better understanding of 'good' **Includes issues raised from OFSTED Dec 2016**	 IN PROCESS COMPLETED AND	**Quarterly report March 2017 will evidence** **Signed attendance.**

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			about plans and assessments only 1 risk limiting judgement		**visit**	ISSUED.	
			• Robust process for tracking actions from audits to be put in place by lead auditor	Jan 2017	All actions being tracked and acted upon	COMPLETED – IN PLACE	
			• All inadequate audits to be re-audited after 2 months and this to be tracked by lead auditor	Jan 2017	All inadequate audits re-audited and improvements shown		
			• Lead auditor to provide 1:1 audit support for new auditors and those targeted as needing support	From Jan 2017	All auditors are confidant in auditing activity		
			• Monthly audit moderation to take place with a focus on consistent judgements	Feb 2017 and ongoing	Consistent judgements in evidence		
			• Updated audit form and guidance to be issued at seminars and sent out afterwards	Sept 2016 and ongoing	All auditors and staff clear on expectations	COMPLETED	
		Lisa Jennings	• HoS for QA to complete a monthly report on audit activity and this should be a standing item on the HoS meeting agenda	Jan and Feb 2017	HoS can take actions earlier	COMPLETED FOR JANUARY 2017	
			• Lead auditor to complete a quarterly report on learning lessons from audits and this to be disseminated to all staff. Both reports above to link, for consistency.	Jan 2017 and ongoing	Staff actively learning from audit activity	IN PROCESS	
				Feb 2017			

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				and ongoing			
17	**Ensure that Leadership and Management of HoS and TMs is robust**						
17.1	Management decisions must be recorded and provide a clear rationale for decisions (Ofsted Dec 2016)	AD/HoS/Lead Auditor	• Team Managers to be briefed on expectations by HoS • HoS to audit and raise with Team Managers if management decisions/their rationale is not recorded • Progress to be reported on by lead auditor	Jan 2017 Feb 2017 March 2017	Team Managers clear on expectations Audit compliance and evidence in audits Evidence of improvement	COMPLETED	

17.2	Team Managers to sign off completed assessments **(OFSTED DEC 2016)**	TMs/HOS	• Team Managers to sign off assessments.
			
			   • Team Managers should not sign off assessments without a robust analysis being in place, completed by the worker.
			
			   • HOS to check compliance
				Jan 2017 and ongoing	Evidence via case file auditing.		

17.3	Supervision needs to take place and better **evidenced (Ofsted DEC 2016)**	AD/HoS/Lead auditor	• One consistent template and practice guidance to be issued to staff • Quarterly supervision audits to take place	Feb 2017 From Feb 2017	Consistent practice across the board Consistent practice across the board, evidenced through case auditing.		
17.4	Practice decisions and governance structure needs to be in place	AD	• Fortnightly HoS meeting with AD to be set up, so that decisions are taken and discussed by the leadership group	Dec 2016	Shared ownership and structure for decision making		

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17.5	Learning from serious case reviews needs to be better utilised **(OFSTED DEC 2016)**	AD/HOS/WDO	• Key local and national messages need to be collated and disseminated to staff	March 2017	Staff understand the lessons and use to inform practice, evidenced through case auditing.		

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