

Ofsted Recommendations: Progress 'Snapshot': 1 March 2017

RK version 1/3/17

Ofsted Recommendation	RAG Rating Red, Amber, Green	Comments
<p>1. 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 care services (paragraphs 111-131)</p>	<p>Amber</p>	<p>A robust improvement plan is now in place and subject to oversight by CIB, CS SLT, Corporate SLT and elected members.</p> <p>Key plans and strategies are now subject to elected member oversight and incorporated within Council's Forward Plan. A Members Monitoring Group is also in place to further support improvement activity.</p> <p>The lead member and members more widely are now routinely provided with a suite of reports and data that comprehensively covers the performance and outcomes achieved for children. The data and information shared with council members now mirrors, albeit at higher level, that used with practitioners.</p>
<p>2. 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 (paragraphs 112-119, 123-124, 129-130)</p>	<p>Green</p>	<p>A comprehensive suite of performance indicators is now in place, alongside the capability to analyse data at team and practitioner level. Team managers now have the opportunity, via the lens of data, to view, understand and ultimately explain what they are achieving for children in their services. Compliance is challenged and practitioners are beginning to grow in confidence and understanding.</p> <p>Performance is subject to regular oversight by CIB, SLT, Member Monitoring with interventions put in place to explore and address under performance.</p>
<p>3. With partners, ensure that multi-agency thresholds are understood and consistently applied across the partnership (paragraphs 19, 20, 26, 30)</p>	<p>Amber</p>	<p>A revised MASH referral form was introduced in November; this was followed by a 'single front door' referral pathway on 1 March.</p> <p>Work is progressing to revise the TSCB threshold document which will be completed in March 2017 and subject to approval by TSCB partners thereafter.</p>
<p>4. Ensure that timely decisions are made on contacts and referrals and that initial visits to children are</p>	<p>Amber</p>	<p>MASH is consistently making timely decisions on 85% of all contacts. Partners are fully engaged and embedded in the daily consideration of contacts. Initial visiting has improved since the inspection and the reasons for non compliance</p>

prompt (paragraphs 21,22)		are well understood and kept under constant review through performance management.
5. Work effectively with partners to ensure that children receive timely and effective help and that assessments and plans are in place for each child (paragraph 18)	Amber	Practice guidance has been issued and expectations set to ensure that assessments and plans are kept up-to-date. A whole service assurance check will be completed by early March to ensure that all children have up-to-date plans. The quality and use of plans is being monitored through QA processes. Following external observations and feedback more child and parent friendly formats that are measureable, will be introduced across the CP, CIN and CLA service by April 2017.
6. Ensure that assessments are timely, proportionate and effectively identify the risks, needs and protective factors, leading to appropriate and measureable plans (paragraphs 22, 27)	Amber	Assessment timeliness has improved and quality is improving. The authority is on track this year to have completed 80+% of assessments within 45 days. The focus through performance management is now looking at improving proportionality by looking at the numbers of assessments completed within 20 days. Improvements in the way risk is both identified and addressed through more measurable plans is being supported through the issuing of new plan formats (due to be live in April) and the wholesale resetting of practice standards that will be monitored through improved performance management and QA processes.
7. Ensure that 16- and 17- year olds who are homeless are given the opportunity to have a comprehensive assessment and help and support according to their needs (paragraph 32)	Green	All 16/17 year olds presenting as homeless now consistently offered a comprehensive assessment of their needs with help and support offered. Every month on average, Torbay completes single assessments on 6 young people aged 16+.
8. Ensure that the threshold for a referral to the designated officer is well understood across the partnership (paragraph 131)	Amber	The LADO role is now shared between one IRO and the Senior IRO. Having two designated LADOs provides consistency and the opportunity to develop good working relationships with partner agencies and voluntary groups. In his role as LADO, the Senior IRO has joined the TSCB Voluntary and Faith Sector Working Group as a standing member. Promotional material has been distributed to partners by the TSCB. In addition, a range of activity has taken place in the last year to promote the LADO role and help ensure it is understood by the partnership. For example in 2016 there were 20 promotional activities

		<p>undertaken. These included a range of workshops and presentations to various partner agencies and groups of staff. This will be an annual rolling programme of activity going forward. The 2016/17 LADO report will consider what impact increased awareness has had on referrals, along with the learning from cases.</p>																
<p>9. 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 (paragraphs 37,60)</p>	<h2>Amber</h2>	<p>The Children’s Society (Checkpoint Project) continues to provide return home interviews for children who go missing in Torbay. A range of measures have been put in place to address this recommendation including a contract variation, RHI practice standards and automated missing notifications. This has resulted in an increase in the numbers and timeliness of interviews:</p> <table border="1" data-bbox="1055 627 1968 783"> <thead> <tr> <th>2016/17</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> </tr> </thead> <tbody> <tr> <td>Number of Missing Episodes</td> <td>144</td> <td>188</td> <td>152</td> </tr> <tr> <td>% of Missing Episodes resulting in a RHI</td> <td>30.8%</td> <td>33.5%</td> <td>53%</td> </tr> <tr> <td>% of RHI completed in 72 hours</td> <td>53%</td> <td>54%</td> <td>77%</td> </tr> </tbody> </table> <p>Checkpoint report that RHI’s are offered to all young people, but a number of young people refuse to have one.</p> <p>Missing Monday Meetings continue to take place each week and are attended by Police, Social Care, Health, Education and Checkpoint. Each missing episode and RHI is reviewed and individuals/groups of concern and locations/trends escalated to the MACSE forum. All information is held on the Missing Tracker.</p> <p>In order to address the issue of quality and effectiveness the TSCB, via the Quality Assurance Subgroup, are due to undertake a multi-agency case audit (MACA) in respect of RHIs on the 15th and 16th March.</p> <p>The findings from the MACA will be fed back to the Board and a detailed analysis of the partnership’s response to missing and the learning from RHIs is due to be included in the TSCB Annual Report for 2016/17.</p>	2016/17	Q1	Q2	Q3	Number of Missing Episodes	144	188	152	% of Missing Episodes resulting in a RHI	30.8%	33.5%	53%	% of RHI completed in 72 hours	53%	54%	77%
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<p>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 grade A* to C, including English and mathematics (paragraph 63)</p>	<p>Amber</p>	<p>A comprehensive performance management framework is in place via the Virtual School which encompasses progress and attainment data. KS4 performance for 2015/16 broadly comparable with national (previous year).</p> <p>Performance across all key stages is subject to regular oversight by Corporate Parenting Forum and VSG.</p>
<p>11. With partners, ensure that timely and effective services are in place, particularly in relation to domestic abuse, adult mental health, Child and Adolescent Mental Health Services (CAMHS) and the emergency duty service (paragraphs 28, 31, 43, 62)</p>	<p>Amber</p>	<p>Perpetrator programmes for DA is now in place – but not clear on number of referrals, take up and overlap with CS casework. A revised EDS is under development but not aware of any gap in service at the moment. A refresh of CAMHS underway and work ongoing with schools for a service to address children’s mental health and wellbeing.</p>
<p>12. Review the permanency policy and ensure that permanence planning is pursued for all children in a timely manner and that consideration is routinely given to Fostering to Adopt arrangements and concurrent planning, where appropriate (paragraphs 78, 83)</p>	<p>Amber</p>	<p>A revised permanence policy is nearing completion – this encompasses Foster to Adopt and concurrent planning. Foster to Adopt is now routinely considered. Policy will be completed in March. Concurrent planning and Foster to Adopt has yet to become embedded.</p>
<p>13. Strengthen the quality assurance role of independent reviewing officers and child protection conference chairs and ensure that reviews and conferences result in effective information sharing and purposeful, timely plans for children (paragraphs 26-27, 53-55)</p>	<p>Red</p>	<p>Clear direction has been given to IROs by AD on their role. Commissioner colleagues have delivered 2 intensive training sessions. There is, as yet, no evidence of impact on quality of plans and outcomes for children and families.</p>
<p>14. Develop ways for care leavers to receive clear and effective advice and guidance on their next steps,</p>	<p>Amber</p>	<p>Entitlement information has been revised with input from care leavers. Torbay is below comparators for EET and university attendance and the authority does not compare well on the proportion of leavers that the authority</p>

which include more formal communication to them of their entitlements (paragraph 95)		is in touch with.
15. 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 (paragraphs 103-104)	Amber	Pathway plans have been revised with input from care leavers. The more child friendly format is also being used to help inform the improvements more broadly in CLA plans. The timeliness of pathways plans needs to improve and the quality of plans is now the subject of closer scrutiny through QA in this service area.
16. Ensure that learning from audit activity and training is systematically evaluated and contributes to a learning culture within the organisation (paragraph 116)	Red	The completion rate for audits is improving, the last 3 months (Dec 16 – Feb 17) have seen this meet expectations. The tool has been improved and more focused audits, appropriate to different service areas, are being introduced in March and April on top of the pre-existing main tool. A series of compulsory workshops have been held, with input from Hants colleagues, around audit quality. The capture and monitoring of actions has been tightened up through changes to the system and the focus is now more on how wider learning is shared and used. However, at this stage the wider scale impact of greater compliance with QA process has yet to be clearly evidenced across the organisation.

Key

Red	no evidenced improvement since inspection
Amber	performance improved but variable, yet to be consistently delivered and/or a lack of evidence of impact
Green	performance sustainably improved, at or around comparators and/or evidence of positive impact