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| Senior Responsible Officer | Nancy Meehan |
| Programme Manager | Lisa Chittenden |

| | |
|----------------|----------|
| Date of Report | 27/01/20 |
| Overall Status | Red |

| Overall progress narrative | |
|----------------------------|---|
| 1 | <p>The improvement programme aims to bring our children's services to a 'good' standard within two years- by April 2021. This is an ambitious aim given the extent of failings identified by Ofsted in their inspection reports. We have set up a robust governance structure to ensure that this improvement agenda is owned corporately by the council and by the wider partnership. An improvement plan has been completed and submitted to the Department for Education, identifying 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>Improvement activity at operational level is under way with an initial emphasis on getting the basics right to ensure a consistently good level of social work practice. Following the last 3 monitoring visits which identified the pace of change was not sufficient and services to children had not improved sufficiently leaving some children in situations of harm. The focus since October 2019 when the revised improvement plan was approved was focussed on the Single Assessment and SAFs teams. These teams primarily work with children who require statutory intervention at all levels. Alongside this the QA framework was reviewed and updated and those children who were subject to exploitation were considered a priority with a review of all the processes that underpin good practice. Work is also underway focused on the rest of the child's journey. The approach has involved ensuring that there is greater clarity in what 'good' looks like, compliance with standards and rigorous use of child level data and audit to monitor practice. This has started to show results in some areas although reported performance has initially declined due to data cleansing activity. Whilst this progress is encouraging, there remain significant challenges in achieving a consistently 'good' service.</p> <p>Current issues are listed below. There is a particular concern in relation to workforce recruitment and retention and this area is highlighted as 'red' in the report. This will be a significant focus in the coming weeks as we work towards completion of our workforce strategy in March 2020.</p> <p>We have reviewed all of the data relating to CLA and finalised a 'Sufficiency Strategy' which will now be the basis of 5 workstreams. These workstreams will focus on:</p> <ul style="list-style-type: none"> - Early Help - Residential and Leaving Care - Permanence - Fostering - Learning Academy |

| Progress against | Budget | Actual Spend | Forecast Spend | Variance | Comments |
|------------------|------------------|--------------|----------------|----------|---------------|
| 2 | Programme Budget | | | | To be updated |

| Key Areas of Concern | | | |
|----------------------|--|--------------|--|
| Ref | Description of concern | Owner | By When |
| 1 | Recruitment & Retention - Progress to establish a permanent workforce is slow but the impact of this is being reduced due to the stability of the present agency staff working within Torbay. Staff vacancy rates remain high - particularly within the SATs team (78%) but also the SAFS team which has a vacancy rate of 43%. The recruitment and retention campaign is underway with a revised social work offer being finalised in early February 2020. The establishment of a Learning academy will bring with it the benefits of a 3 year social work development model to support both recruitment and retention. | Cilla Wilson | Ongoing |
| 2 | Quality Assurance - this is an area that we have received on going challenge from the regulators. Previously, all aspects of the quality assurance framework has not given the assurance that practice is improving or children have been safeguarded. We have revised the framework and implemented a schedule of dip sampling and audit activity which is focused on impact and outcomes for children. While quality assurance has a scrutiny role, it also has a supportive and educative function; by describing what good practice looks like, identifying areas for improvement and responding with appropriate action to raise standards. | Sue Whitmore | Quarterly Reporting on QA activity |
| 3 | Exploitation - Torbay has not previously responded to those children at risk of exploitation in a coordinated and robust manner. As such this has been heavily criticised by the regulators, not only in the inspection reports but also the on going monitoring visits. We have undertaken to review all the processes and establish clear expectation in response to those children at risk of exploitation. We have also undertaken training in order that professionals can identify children at risk of exploitation, this is resulting in a better coordinated approach but their is much more to be done in this area. | Brian Mason | 6 weekly reporting to the Improvement Board on progress. |
| 4 | Sufficiency - We continue to have too many children in care, too many placed over 20 miles from Torbay and use a high number of residential placements including a number for very young children (under the age of 11). In order to mitigate this situation, since the implementation of the revised Improvement Plan in October 2019, we have focused on this area. We have implemented a new sufficiency strategy. There are 5 workstreams established to support the implementation of the strategy, which are led by the Heads of Service, and coordinated by Steve Hart, the independent improvement advisor. A sufficiency Board has been set chaired by the DCS, which reports into the Transformation Board. The Sufficiency Board meets at regular intervals to oversee the direction of the five sub- Edge of Care, Fostering, Residential and Care Leavers, Permanence, Learning Academy. To be successful we will need whole system sign up to the goals and political support as it is likely there will be some 'invest to save' demands. The imminent service redesign will support this work (and vice versa) and the SPB and other similar partnership boards will need to be engaged and supportive. | Steve Hart | Cabinet Reports - March 2020 |

| Medium Term Developments | | | |
|--------------------------|---|------------------------------|---|
| Ref | Description of development | Owner | By When |
| 1 | Social Work Model - we are currently considering replacing Signs of Safety as the preferred social work model with a revised relationship based model. We have been very conscious that this change needs to be fully understood by the workforce and partners and that they need to be fully engaged in the development process. We are also acutely aware that the social care workforce have vocalised the need to reconsider the social work model and are responding directly to this request. However, we acknowledge the amount of training and scrutiny the workforce is under as part of the improvement journey so it is therefore critical to avoid 'training overload'. In order to address these issues we have adopted a managed approach to maximise the probability of a successful transition to the new model. | Nancy Meehan/Steve Hart | September 2020 |
| 2 | Permanence - we acknowledge that as a authority we have not always responded to achieving permanence for our looked after children as swiftly as we should. We need to provide more targeted support and manager interventions to ensure more of our looked after children have the stability and security that is offered by legal permanence. We are acutely aware that our next monitoring visit will be focussed on this area - as such this is a priority for this service to establish mechanisms to performance manage these arrangements. | Ceri Woszczyk | Ongoing |
| 3 | Early Help - Early help will be a particular area of focus in the medium term. There is a significant piece of work being undertaken by PeopleToo which will shape our early help offer. Early intervention is a key theme, our cohort of Looked after Children are older which makes provision of service more complex. The outcomes for this age range are also less positive. There will be a focus on earlier intervention, and while there is an understandable desire to keep children at home if at all possible, this cannot be at all cost as such we need to ensure that aligned to the Early Help is a robust Edge of Care Service. | Patrick McCann /Nancy Meehan | New model to be implemented by September 2020 |
| 4 | Looked After Children and Care Leavers - There will need to be a particular focus on the areas of the service which is rated as Requires Improvement as the improvement plan develops. | Nancy Meehan | April 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 | 3 | 4 | 12 | |
| 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 | |
| 9 | | | | | | | | 0 | |
| 10 | | | | | | | | 0 | |
| 11 | | | | | | | | 0 | |
| 12 | | | | | | | | 0 | |

| 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 | | | |
|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|
| <p>The most recent monitoring visit (4th Visit) undertaken in 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 is slow 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 concern, and placement stability indicators are not showing any signs of improvement. As a result this theme has an overall rating of Red.</p> | | | | | | | | | | | RED | | | |

Placement Stability

| Ref | Performance Measure | 2019/20 | Current | Period | Six Month Trend | | | | | | Target | | Trend | Benchmarking | | |
|-----|--|---------|---------|----------|-----------------|--------|--------|--------|--------|--------|--------|-------|-------|--------------|----------|-------------------------|
| | | | | | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Min | Upper | | Month | National | Regional / Stat / Neigh |
| | | | | | | | | | | | | | | | | |
| | % with 3 or more placements | | | Snapshot | 15.8% | 16.0% | 17.5% | 18.8% | 19.9% | | | ↓ | 10.0% | 12.4% | | |
| | LAC long term placement stability % (S) | | | Snapshot | 63.2% | 61.9% | 58.5% | 57.4% | 56.6% | | | ↓ | 70.0% | 66.9% | | |
| | % placed out of LA more than 20 miles away | | | Snapshot | 34.8% | 35.1% | 35.9% | 35.1% | 31.5% | | | | 13.0% | 12.3% | | |

Management oversight and supervision

| | | | | | | | | | | | | | | |
|--|--|--|--|----------|---|---|---|---|---|---|--|--|-----|-----|
| | % qualified social worker supervisions | | | Snapshot | - | - | - | - | - | - | | | n/a | n/a |
|--|--|--|--|----------|---|---|---|---|---|---|--|--|-----|-----|

Services for children at risk of involvement in gangs, youth violence., missing, CSE, radicalisation

| Ref | Performance Measure | 2019/20 | Current | Period | Six Month Trend | | | | | | Target | | Trend | Benchmarking | | |
|-----|--|---------|---------|--------|-----------------|--------|--------|--------|--------|--------|--------|-------|-------|--------------|----------|-------------------------|
| | | | | | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Min | Upper | | Month | National | Regional / Stat / Neigh |
| | | | | | | | | | | | | | | | | |
| | Number of missing children during period | | | YTD | 28 | 17 | 31 | 30 | 35 | | | | | | | |
| | Number of LAC who went missing from care during the year | | | YTD | 7 | 5 | 5 | 9 | 15 | | | | | | | |
| | Number of exploitation/vulnerability assessments | | | YTD | 0 | 4 | 24 | 8 | 18 | | | | | | | |
| | Number of exploitation/vulnerability assessments graded as 'High Risk' | | | YTD | 0 | 0 | 1 | 1 | 2 | | | | | | | |

| | | | | | | | | | | | | | | | |
|--|--|--|--|-----|----|---|----|----|----|--|--|--|--|--|--|
| | Number of Return Home Interviews in 72hrs | | | YTD | 11 | 7 | 14 | 18 | 15 | | | | | | |
|--|--|--|--|-----|----|---|----|----|----|--|--|--|--|--|--|

Theme one: Leadership, Management and Governance

Progress in delivering key improvement plan actions

| Objective | Key Actions | Q4 | Q1 | Q2 | Q3 | PROGRESS NARRATIVE |
|---|--|----|----|----|----|--|
| Effective leadership and management culture improving and sustaining outcomes for children | Implement robust service plans. | | | | | <p>The service plans are being written based on the priorities in the improvement plan. These are scheduled to be agreed by the end of February 2020.</p> <p>A member briefing has been organised to take place on the 16th March to update them on the Children's Services Data Set and Performance Information.</p> <p>This 'Highlight Report' format detailing tracking of progress over the last quarter and current performance against KPIs (containing child level data) has been approved by the Children's Improvement Board - this format will be used for all meetings moving forwards (Cabinet, O&S, SLT/Transformation Board etc.).</p> |
| | Deliver Members briefing on the data set and performance information | | | | | |
| | Quarterly update reports be provided to Cabinet and O&S Committee which will include relevant performance data and intelligence. | | | | | |
| | Introduce performance management system with immediate access to child level data. | | | | | |
| Consistent responses to the management and reporting of allegations of professionals and people in a position of trust (LADO) | An annual report to be prepared and submitted to the appropriate boards | | | | | <p>A review has taken place of LADO process to ensure allegations are managed. Changes have been made to processes and systems and a flowchart now illustrates the required workflow. The strengthened requirements will necessitate regular audit, moderation and observation. Regular peninsular LADO meetings enable the ability to share, learn, and develop practice and provide regular independent peer challenge. These meetings began in December 2019.</p> <p>The LADO Annual Report is being drafted and will be shared with the appropriate boards by the end of March 2020.</p> |
| | The introduction of appropriate management systems and processes to ensure allegations are managed | | | | | |
| Sufficiency of emergency and unplanned placements | Develop revised sufficiency strategy. | | | | | The sufficiency strategy is completed - work will continue focussing on 5 workstreams which will detail the investment and longer term requirements in order that we avoid unnecessary disruption of placements and children do not unnecessarily enter into the care system |
| Services for children at risk of involvement in gangs, youth violence., missing and CSE | Ensure multi-agency arrangements are used effectively in safety planning | | | | | <p>The MASCE process is being reviewed and the strengthened partnership arrangements is demonstrated by the inception of a child exploitation and missing operational group.</p> <p>A project team is now in place to progress the potential to co-locate agencies in order to deliver more coordinated services to Children.</p> <p>We have established a project team to support the impending inspection of the YOT which has been the priority - moving forwards this project team will incorporate a proposal to undertake a peer review for the board.</p> |
| | Implement task and finish group to focus on exploitation and potential colocation of partners to address safeguarding concerns | | | | | |
| | Complete peer review of Youth Offending Team Management Board. | | | | | |
| | Implement mandatory training for all social workers in CE | | | | | <p>The CSE coordinator role is being developed to consider all forms of exploitation. All staff are aware of their responsibilities to complete regular assessments linked to purposeful planned interventions to reduce the risks. The importance of timely and accurate recording is stressed.</p> |
| | Review the CSE Coordinator role | | | | | |

Progress in delivering key improvement plan actions

| | | | | | |
|---|---|--|--|--|--|
| <p>Training for workers on CE, risk assessment and help to children at risk of CE</p> | <p>Improve the use of data from MASH to understand and effectively intervene in patterns of CE across the Bay</p> | | | | <p>Awareness raising and training sessions will be offered to all partners. The training content will be shaped by quality assurance findings</p> <p>We have developed a new screening tool that screens for sexual exploitation criminal exploitation, county lines and children who are trafficked and are developing an awareness of peer group mapping through our bite size training sessions.</p> <p>We have started mapping children on a case by case basis when exploitation is identified and are developing mapping guidance and will formally launch the guidance in January 2020.</p> <p>We have developed our electronic system to flag children at risk of exploitation and have developed a newsletter to keep professionals in touch with national developments and research around exploitation.</p> |
|---|---|--|--|--|--|

| Ref | Performance Measure | 2018/19 | Current | Period | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Min | Upper | Month | Nation | Region / Stat Neigh |
|-----|--|---------|---------|----------|--------|--------|--------|--------|--------|--------|-----|-------|-------|--------|---------------------|
| | % cases with Management Oversight recorded in past 8 weeks | 69% | 64.0% | Snapshot | 70.8% | 74.7% | 72.3% | 78.8% | 73.3% | 64.0% | | | | | |
| | % of assessments completed within 45 working days (S) | 70% | 81.4% | YTD | 78% | 92.1% | 88.1% | 78.1% | 68.6% | 72.6% | | | | 83.1% | 81.2% |
| | % of children in need with CIN Plan completed | | 74.6% | Snapshot | 61.5% | 53.3% | 61.5% | 63.6% | 67.3% | 74.6% | | | | | |
| | % of children with CIN Plan with reviews within last 6 months | | 17.2% | Snapshot | - | 6.0% | 12.1% | 15.3% | 16.4% | 17.2% | | | | | |
| | % with initial care plan completed within 10 days of becoming looked after | | 63% | YTD | 50.0% | 50.0% | 75.0% | 20.0% | 63.6% | 18% | | | | | |
| | CLA cases which were reviewed within required timescales | 93.2% | 93.2% | Snapshot | 96.1% | 96.1% | 96.3% | 93.2% | 93.9% | 93.2% | | | | | |
| | % of children receiving CP visit within past 10 workdays (S) | | 57.0% | Snapshot | | 24.0% | 75.6% | 64.6% | 70.5% | 57% | | | | | |

Child Protection Process

| Ref | Performance Measure | 2018/19 | Current | Period | Six Month Trend | | | | | | Target | | Trend | Benchmarking | |
|-----|--|---------|---------|--------|-----------------|--------|--------|--------|--------|--------|--------|-------|-------|--------------|-----------------------|
| | | | | | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Min | Upper | Month | National | Regional / Stat Neigh |
| | | | | | | | | | | | | | | | |
| | % of ICPCs held within 15 working days of Strategy Discussions | 67.20% | 59.3% | YTD | 73% | 100% | 80% | 80% | 66% | 45% | | | | 78.7% | 82.5% |
| | % of ICPC progressing to CP Plan | | 93.1% | YTD | 86.7% | 100.0% | 95.0% | 100.0% | 96.6% | 93.5% | | | | n/a | n/a |
| | % contact progressing to early help / early help hub | | 9.9% | YTD | 8% | 11% | 13% | 16% | 12% | 10% | | | | n/a | n/a |

IROs and CP chairs sufficiently challenge plans

| Ref | Performance Measure | 2018/19 | Current | Period | Six Month Trend | | | | | | Target | | Trend | Benchmarking | |
|-----|---|---------|---------|----------|-----------------|--------|--------|--------|--------|--------|--------|-------|-------|--------------|-----------------------|
| | | | | | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Min | Upper | Month | National | Regional / Stat Neigh |
| | | | | | | | | | | | | | | | |
| | % of CP reviews carried out within statutory timescales (not yet available) | | | Snapshot | - | - | - | - | - | | | | | | |
| | % of Looked After Reviews carried out within timescales | 93.2% | 93.2% | Snapshot | 96.1% | 96.1% | 96.3% | 93.2% | 93.9% | 93.2% | | | | | |
| | Number of DPRs raised | | 79 | YTD | 6 | 2 | 2 | 15 | 5 | 14 | | | | | |

Public Law Outline

| Ref | Performance Measure | 2018/19 | Current | Period | Six Month Trend | | | | | | Target | | Trend | Benchmarking | |
|-----|--|---------|---------|----------|-----------------|--------|--------|--------|--------|--------|--------|-------|-------|--------------|-----------------------|
| | | | | | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Min | Upper | Month | National | Regional / Stat Neigh |
| | | | | | | | | | | | | | | | |
| | Average length of pre-proceedings (calendar days) | | 93 | Snapshot | 55 | 81 | 105 | 113 | 93 | | | | | | |
| | Average length of care proceedings (provisional subject to further validation) | | 70 | Snapshot | 67 | 88 | 86 | 80 | 77 | | | | | | |

Child permanence and adoption decisions

| Ref | Performance Measure | 2018/19 | Current | Period | Six Month Trend | | | | | | Target | | Trend | Benchmarking | |
|-----|---------------------|---------|---------|--------|-----------------|--------|--------|--------|--------|--------|--------|-------|-------|--------------|-----------------------|
| | | | | | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Min | Upper | Month | National | Regional / Stat Neigh |
| | | | | | | | | | | | | | | | |

| Ref | Performance Measure | 2018/19 | Current | Period | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Min | Upper | Mont | Nation | Region / Stat Neigt |
|-----|---|---------|---------|--------|--------|--------|--------|--------|--------|--------|-----|-------|------|--------|---------------------|
| | No. of LAC exits in period | | 105 | YTD | 15 | 18 | 14 | 5 | 4 | | | | | | |
| | No of reunifications | | 32 | YTD | 4 | 11 | 1 | 1 | | | | | | | |
| | Average time between court authority to place a child and deciding on a match | | 169 | YTD | 113 | 160 | 161 | 169 | 169 | | | | | 201 | 167 |
| | Adoptions from care (percentage leaving care who are adopted) | | 19% | YTD | 19% | 21% | 19% | 20% | 19% | | | | | 13% | 19% |
| | Number of Adoptions and Special Guardianship Orders granted for Looked After Children (S) | | 43 | YTD | 8 | 6 | 4 | 2 | 0 | | | | | | |
| | The percentage of children who ceased to be looked after because of a SGO | | 22% | YTD | 30% | 24% | 24% | 23% | 22% | | | | | 12% | 13% |
| | Number of children matched in long term foster care after 18 months | | | YTD | - | - | - | - | - | - | | | | | |

| Theme Two: A robust model of social work practice | | | | | | |
|--|--|----|----|----|----|--|
| Progress in delivering key improvement plan actions | | | | | | |
| Objective | Key Actions | Q4 | Q1 | Q2 | Q3 | PROGRESS NARRATIVE |
| Early Help services provide timely and appropriate help to children and their families which prevents escalation (or re-referral) to statutory services. | Complete review of early help offer. | | | | | The review of Early Help services has now been undertaken by PeopleToo with their report due to be presented by the end of February 2020 - following this meeting a detailed implementation project plan will be developed and a project delivery team will be established. |
| | Implement findings of early help review | | | | | |
| | Improve CP Chairs' understanding of cases and plans, and use of 'alerts'. | | | | | |
| | Edge of care services to be integrated. | | | | | |
| Strategy discussions and S47 enquiries include all relevant agencies and robust arrangements to protect children during CP investigations | Strat meetings are quorate | | | | | The TSCB completed an audit in September 2019. Although there were some improvement, there is further work required to ensure we are compliant therefore this area is red. |
| | The disclosure of physical abuse results in a partnership consideration to undertake a child protection medical | | | | | |
| Improving quality of assessments and plans | Improve quality of assessments to better incorporate the 'voice of the child', and the diverse nature of families. | | | | | <p>Although it is identified that compliance with timescales for completing assessments are improving, we are not able to consistently demonstrate that assessments are qualitative. The recent monitoring visit from Ofsted identified the practice was still to variable across the service. This area of work will be subject to rigorous intervention to effect improvement.</p> <p>Although the recent monitoring visit identified that managers were visible and knew the children they were responsible for, the recording of management oversight is still weak. It also identified the plans for children were still poor and needed to be more specific and individualised for children.</p> |
| | Improve recording of management oversight. | | | | | |
| | Review care planning requirements. | | | | | |
| IROs and CP chairs sufficiently challenge plans | IRO and CO chairs work is appropriately evaluated for impact and recording meets statutory requirements | | | | | There is ongoing work to enhance the role of the CP & IRO chairs. |
| | IROs and CP chairs robustly review the plans for children to ensure the timelessness of service intervention | | | | | |
| | Implement process to ensure the CP Chairs and IROs use the 'alerts'. | | | | | |
| Private Fostering | Robust arrangements are in place and understood in response to children who are privately fostered | | | | | A robust review of the private fostering process is underway to ensure that it is fit for purpose and meets the needs of this cohort of children |

| Objective | Key Actions | Q4 | Q1 | Q2 | Q3 | PROGRESS NARRATIVE |
|---|--|----|----|----|----|---|
| Ensure that permanency is considered for all children at the earliest opportunity | For children who need to be in care, decisions 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 | | | | | The revised sufficiency strategy has been drafted to ensure that in future there will be choices of placement to meet the needs of children - this work is being driven by a sufficiency workstream focussing on permanence - work is now well underway with a report being prepared for Cabinet in March to detail and cost the implementation plan. |
| | 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 | | | | | |
| | Children returning home from care receive sufficient support to enable them to live successfully in their communities with few returning to the care of the local authority | | | | | |
| | Matching for those children already living in long-term fostering placements will be timely so that they benefit from the stability and emotional security that this will offer them | | | | | |
| Homelessness | All young people who become homeless are assessed and are made fully aware of their right to be cared for by the Local Authority | | | | | There is currently a data cleansing exercise underway in order to report more accurately on this issue. |
| Public Law Outline | Review all cases currently in pre-proceedings. | | | | | All pre proceedings work has been reviewed. The HoS is now reviewing all the legal process with the lead from the legal department including the tracking of cases in pre proceedings. |
| | Review and ensure robust implementation of legal framework for Public Law Outline process. | | | | | |

Theme Three: Sufficient and skilled workforce

| Overview narrative | Overview RAG rating |
|---|---------------------|
| <p>Progress to establish a permanent workforce is slow but the impact of this is being reduced due to the stability of the present agency staff working within Torbay. Staff vacancy rates remain high - particularly within the SATs team (78%) but also the SAFS team which has a vacancy rate of 43%. The recruitment and retention campaign is underway with a revised social work offer being finalised by the 1st February. There is some progress in improving management oversight. We are carrying out dip sampling to test the quality of this oversight.</p> | <p>RED</p> |

Workforce Strategy

| Ref | Performance Measure | 2019/20 | Current | Period | Six Month Trend | | | | | | Target | | Trend | Benchmarking | |
|-------|--|---------|---------|--------|-----------------|--------|--------|--------|--------|--------|--------|-------|-------|--------------|-----------------------|
| | | | | | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Min | Upper | Month | National | Regional / Stat Neigh |
| | | | | | | | | | | | | | | | |
| 1.2.1 | % Vacancies (QSW roles only - % of estab not filled by perm staff) | 29% | | | | | 34.5% | 38.0% | - | | | | 16.5% | n/a | |
| 1.2.2 | % Turnover (in year collation and calculation needs to be developed) | - | | | | | - | - | - | | | | 15.2% | n/a | |
| 1.2.3 | % Agency Staff (FTE of QSW estab roles only) | 31% | | | | | 46.2% | 52.0% | - | | | | 15.4% | n/a | |

| Theme Three: Sufficient and skilled workforce | | | | | | |
|---|---|----|----|----|----|---|
| Progress in delivering key improvement plan actions | | | | | | |
| Objective | Key Actions | Q4 | Q1 | Q2 | Q3 | PROGRESS NARRATIVE |
| Workforce strategy | Develop workforce strategy to include a training needs analysis and development plan. | | | | | We are actively designing a recruitment campaign with an external agency to attract Social Workers to the Bay. There is also an updated retention offer which is due to go live in early February. The development of a learning academy is well underway with a proposed implementation date of September 2020 - this forms one of the workstreams within the Sufficiency Board. A Children's Services re-design has been proposed. We continue to be challenged with high levels of agency, however we are no longer seeing the churn that was evident in 2019. A workforce board has been established which will review the workforce policies as part of its remit. |
| | Development of a Learning Academy | | | | | |
| | Initial recruitment campaign | | | | | |
| | Workforce policies to be updated | | | | | |
| | Implement Service Re-Design | | | | | |

| Theme Four: Quality assurance and audit | | | | | | |
|---|---|----|----|----|----|---|
| Progress in delivering key improvement plan actions | | | | | | |
| Objective | Key Actions | Q4 | Q1 | Q2 | Q3 | PROGRESS NARRATIVE |
| Quality Assurance Framework | Implement audit programme with thematic audits and dip sampling. Deliver training to a pool of auditors and moderators. | | | | | The quality assurance strategy has been updated. There is agreed schedule of QA activity which includes dip sampling and full case file audits. All audit activity is subject to moderation. Ofsted in the most recent monitoring visit identified a more positive response to audit. |
| Ensure a consistent approach to the use of performance data | A review of the performance management and data reporting will be undertaken to ensure that the relevant reports relate directly to the child's journey through the system. | | | | | The performance data has been reviewed and the first updated report was completed in November 2019. The QPRM has been reviewed and replaced by performance surgeries. Initial feedback is positive. |
| Improve the effectiveness of learning from complaints and ensure that this scrutiny contributes to improved social work practice and better outcomes for children | Weekly updates to be provided at the HoS meeting, Any timescales that are not adhered to will be escalated to the HoS/Deputy Director. | | | | | At the end of September 2019, we had 35 outstanding complaints with all but 6 out of timescale. Some of these dated back some 12 months. The DCS oversaw the completion of all of these and complaints are now tracked on a weekly basis. |