

TOGETHER FOR CHILDREN QUALITY & IMPROVEMENT COMMITTEE	
DATE:	31 st May 2019
REPORT AUTHOR:	Jill Colbert
SUBJECT:	Learning and Improvement Plan
PURPOSE:	To provide Tfc Quality and Improvement Committee with an overview of progress against the Improvement Plan.

1. INTRODUCTION

The Learning and Improvement Plan has been developed in response to the Ofsted inspection report published 25th July 2018. The plan consists of 15 priorities developed around the recommendations identified by the inspection team. This report provides an overview on key areas of progress.

RECOMMENDATION(S)

The Committee is asked to review this summary together with the updates provided within the plan. The Committee is asked to consider the proposed new actions for the Learning and Improvement Plan.

2. SUMMARY OF ACTION RAG RATINGS

All actions in the Learning and Improvement Plan are RAG-rated. A key to the RAG-rating system is below:

RED	The action has not yet started or there is significant delay in implementation.
AMBER	The action has started but there is some delay in implementation.
GREEN	The action is on track to be completed by the agreed date or The action has been completed and is awaiting evidence.
COMPLETED	The action has been completed and evidenced.

The number of actions has increased from 95 to 101 as six new actions have been added since the last meeting. Of those actions, 73 were due by the end of May 2019.

Of the 73 actions due, 33 have been completed and evidenced (rated blue) and 36 are either on track or have been completed but awaiting evidence (rated green). There are currently four actions that have started but with some delay in implementation (rated amber). There are no actions rated red. Below is a summary of changes to RAG ratings since the last meeting (please see Appendix A for changes to RAG ratings).

Priority 1 – four new actions

Priority 2 – two actions rated Amber remain Amber

Priority 3 – two actions rated Amber remain Amber

Priority 4 – one new action

Priority 8 – one action has moved from Green to Blue

Priority 9 – one action has moved from Green to Blue

Priority 11 – one action has moved from Green to Blue

Priority 13 – two actions have moved from Green to Blue, one new action

Priority 15 – one action has moved from Green to Blue

The table below shows the current and previous RAG status for actions assigned to each of the 15 priorities.

Priorities	RAG Ratings									
	Red		Amber		Green		Completed		New Actions	
	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Previous	Current
Priority 1	0	0	0	0	8	8	8	8	0	4
Priority 2	0	0	2	2	4	4	2	2	0	0
Priority 3	0	0	2	2	4	4	2	2	0	0
Priority 4	0	0	0	0	6	6	0	0	0	1
Priority 5	0	0	0	0	7	7	3	3	0	0
Priority 6	0	0	0	0	1	1	5	5	0	0
Priority 7	0	0	0	0	5	5	1	1	0	0
Priority 8	0	0	0	0	1	0	2	3	0	0
Priority 9	0	0	0	0	8	7	2	3	0	0
Priority 10	0	0	0	0	3	3	0	0	0	0
Priority 11	0	0	0	0	2	1	0	1	0	0
Priority 12	0	0	0	0	2	2	1	1	0	0
Priority 13	0	0	0	0	5	3	1	3	0	1
Priority 14	0	0	0	0	4	4	0	0	0	0
Priority 15	0	0	0	0	2	1	2	3	0	0
Totals	0	0	4	4	62	56	29	35	0	6

3. PROGRESS TO DATE

Priority 1: Urgently review ICRT and take action to ensure that risks to children are identified, that thresholds are applied appropriately to support effective decision making, and that actions are timely and compliant with statutory guidance. (Ref: Ofsted Recommendation one)

Progress of Actions

There are 16 actions against Priority one, of which 15 are due by the end of May 2019. Of these 15 actions, seven are green which are completed and awaiting evidence and eight are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include the implementation of a revised ICRT model, reviewing the process for screening contacts, strengthening the process for the management of referrals between social care and early help, the implementation of a new threshold document and formalising the process for planning child protection enquiries.

Performance Indicators

Decision making timeliness for contacts, referrals and S47s is not meeting target but remains within tolerance range. Referrals that were re-referrals within the last 12 months have decreased over the last three months (positive) however performance remains outside of target but within tolerance. Service managers are regularly analysing re-referrals to understand and address themes and emerging issues which is making an impact.

Quality Indicators

The quality assurance report presented to the Quality and Improvement Committee in January 2019 concluded that overall 'partial' assurance had been obtained in relation to the quality measures identified in the Learning and Improvement Plan. The report concluded that revised threshold guidance is in place and examples of the appropriate application of thresholds was evidenced, however audit activity showed it was not always consistent. Where the application of thresholds was inconsistent, risks were not always identified and managed appropriately.

Performance indicators showed that decision making was timely however audits found that decision making was not always effective or based on full information. The application of thresholds and quality of risk identification was also found to be inconsistent. There was evidence that compliance with statutory guidance is improving but work continues to ensure processes are clear.

The audits showed that historic information was not always being considered, meaning that cumulative risk and multiple risk factors are not always sufficiently understood. In addition, the recording of contacts made it difficult to identify the presenting issues.

Summary

Actions under priority one are either complete or progressing at pace. For those that have been completed there is not enough evidence as yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved. The Ofsted monitoring visit of the front door completed in January 2019 concluded that "on the areas inspectors were able to look at, progress in improving services has been limited. Better decision-making systems have been developed and workforce stability is improved, but this has yet to sufficiently impact on the inconsistency in the quality of social work practice".

Priority 2: Ensure that children at risk of child sexual exploitation and those that go missing have an up to date assessment of risks that informs a comprehensive response to keep them safe. (Ref: Ofsted Recommendation 2)

Progress of Actions

There are eight actions against priority two, of which six are due by the end of May 2019. Of these six actions two are amber meaning that there is some delay, two are green which are completed and awaiting evidence and two are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include a review of the risk assessment tool for children at risk of CSE, criminal exploitation and those that go missing and a review of the escalation process. The Assessment Tool was launched in March 2019 alongside the updated SSCB MSET and Pre-MSET Escalation Protocol. Workshops have delivered to embed the tool and the protocols. In addition the Return Home Interview template has been reviewed to improve the quality of information and intelligence which will inform strategic planning for our young people and improve outcomes.

The actions rated amber are as follows:

Action	Timescale	RAG
2.4 Implement Liquid Logic workspace for Missing and CSE.	31/03/19	Amber
2.5 Implement a regular reporting cycle from MSET to SLT which provides assurance as to whether children are receiving an appropriate and timely response to keep them safe.	31/03/19	Amber

With regards to implementing a Liquid Logic Workspace, a development meeting has taken place and a workplan has been developed. In the interim, information regarding 'missing' is recorded in Liquid Logic and a live missing report has been developed which is checked throughout each working day. A regular reporting cycle from MSET to SLT is due to be implemented in July 2019 incorporating a CSE, missing, and trafficking profile.

Performance Indicators

The percentage of completed return home interviews in timescale has been consistently high from September to December 2018 however, there was a reduction in January and February 2019 due to staff absence by the provider. More recently the recording of return home interviews within Liquid Logic is significantly impacting performance indicators. The percentage of children identified at risk of MSET who have a completed Framework continues to perform at 100%.

Quality Indicators

The quality assurance report presented to the Quality and Improvement Committee in March 2019 concluded that overall 'partial' assurance had been obtained in relation to the quality measures identified in the plan. The report found the presence and quality of risk assessments were inconsistent for both children who go missing and for those vulnerable to exploitation. New tools have now been launched which aim to improve the quality and practice around assessments, together with the increased use of skilled practitioners however changes are not yet embedded in practice.

The report found that appropriate strategies to keep children protected are evidenced in part through the pre-MSET and MSET meetings where there is clear evidence of multi-agency collaboration, however given the inconsistencies in the presence and quality of risk assessments from recent audit activity, it was possible to state that plans such as disruption plans are informed by appropriate assessments.

The quality and compliance of record keeping was inconsistent within several children's files. The external review conducted by AFC also found that the genogram and chronology function in liquid logic was not being used consistently and case summaries were not always completed or were of poor quality. Following the findings, the service has introduced a process to ensure that no cases are transferred to the Assessment team without a genogram, chronology and case summary, which is subject to a further check at the transfer meeting.

There were examples of cases where management grip and oversight could have been strengthened but there was also evidence where creative strategies to encourage engagement had been used effectively. Children's case files reflected that supervision meetings and management oversights were of a variable standard, but that management oversight was often evidenced through chairing of risk management meetings and strategy meetings. The new framework (launched on the 01/03/19) incorporates additional management oversight of the risk assessments through its requirement of management sign off which will help to increase management oversight.

In Summary

For those actions that have been completed there is not enough evidence as yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved.

Priority 3: Improve the timeliness of services to children and families, including the early help response, and the access to services to support victims and perpetrators of domestic abuse.
(Ref: Ofsted Recommendation 6)

Progress of Actions

There are eight actions against priority three, of which seven are due by the end of May 2019. Of these seven actions, two are amber meaning that there is some delay, three are green which are completed and awaiting evidence and two are blue meaning that they are completed and evidenced by the Quality Assurance Service.

The actions complete and evidenced include the implementation of practice standards for Early Help together with the delivery of associated training and the regular monitoring of practice standards.

Quality Indicators

Regular audits of time taken from allocation to first home visit are conducted by the Director of Early Help monthly. Random dip sample of cases allocated in last month is also undertaken. The Director is reporting that timeliness and case note recording to explain any delays has much improved. Audits continue to be undertaken monthly.

The actions rated amber are as follows:

Action	Timescale	RAG
3.6 Undertake a review of resources supporting domestic violence work within TfC.	31/03/19	Amber
3.8 Undertake process mapping of referrals of DV and routes to interventions to further identify any gaps in provision to be addressed.	31/12/18	Amber

With regards to the above two actions, funding to provide therapeutic support to children who have experienced domestic abuse has been agreed with Sunderland Council. A service specification has been drafted and we are now engaging with potential providers with a proposed contract award date of 1 July 2019. Additional funding has also been secured to increase capacity in existing provision, including: the delivery by Wearside Women in Need (WWIN) of refuge provision, outreach, group work and Independent

Domestic Abuse Advisors (IDVAs) to support survivors and their children; and the delivery by the BIG project (Impact Family Services) of group programmes and one-to-one interventions to perpetrators.

The findings from the IMKAAN (women's organisation dedicated to addressing violence against Black and minoritised women and girls) consultation were presented to the Domestic Abuse Strategic Project Group (DASPG) on 18th March and the final report includes key findings and recommendations for further actions to be progressed via the DASPG.

Safe and Together training dates will be co-ordinated with the Signs of Safety roll-out as part of an integrated workforce learning and development approach following the appointment of the new Learning and Development Manager.

In Summary

Actions under priority three are either complete or on track to be completed by the target date other than undertaking a review of resources supporting domestic violence within the company and process mapping of referrals of domestic violence and routes to interventions to further identify any gaps in provision.

Priority 4: Ensure that children's records are kept up to date and contain clear child focussed information so that children's histories and progress can be clearly evaluated to inform decisions.
(Ref: Ofsted Recommendation 7)

Progress of Actions

There are six actions against priority four, of which four are due by the end of May 2019. All four are green which are completed and awaiting evidence.

Actions that are ongoing includes the inclusion of timescales for case summaries within TfC practice standards, clear case recording, the consistent application of record keeping protocols, further developing the format of chronologies in Liquid Logic and utilising data and quality reports more effectively.

Quality Indicators

During the Ofsted monitoring visit in January 2019, Inspectors noted that regarding recording 'the quality of recording does not always enable an understanding of the issues and work undertaken'. The found in the main that recording does not detail what the social worker has done, what information has been acquired or the rationale for why decisions are made.

In Summary

Actions under priority four are on track to be completed by the target date. There is yet not enough evidence as yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved.

Priority 5: Ensure that all assessments are appropriately updated, that they evaluate individual risk, need and the experience of children, and that the resultant plans are outcome-focussed, are meaningful to children and families, and are regularly reviewed. (Ref: Ofsted Recommendation 8)

Progress of Actions

There are ten actions against priority five, of which nine are due by the end of May 2019. Of these nine actions six are green which are completed and awaiting evidence and three are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include the introduction of quality assurance checks for the assessment process, the reassessment of disabled children's needs and the introduction of good practice files into each team that include examples of plans and assessments.

Performance Indicators

The percentage of CIN assessments completed and authorised within 45 working days is 91.7% and remains above target. The percentage of children subject to a CIN plan who have received a visit within 20 working days is 81.7% which is also above target.

Quality Indicators

The quality assurance report presented to this Quality and Improvement Committee in June 2019 concluded that overall 'partial' assurance had been obtained in relation to the quality measures identified in the plan. This report took account of findings from our Improvement Partners who also conducted a review of assessments in March 2019. The report found positive timeliness in relation to assessments and sufficient evidence that the referral concerns were either fully or partially explored. Children's voices were evidenced in most of assessments and those assessments which showed no evidence of the child's voice did demonstrate clear reasons for this being absent. Management oversight by means of mid-way checks, case notes and/or supervision case notes were evidenced in cases.

The report summarised the findings of ten audits of which three were judged to be inadequate due to information not being followed up or validated with involved agencies, key concerns not explored sufficiently, significant delay in assessment being complete, management oversight not progressing the assessment, lack of detail regarding parental histories being gathered to inform as to any impact upon parenting capacity and a lack of analysis of the information gathered within the assessment conclusions.

Across the ten audits, the quality of assessments was inconsistent, with over 60% of the judgements falling within the area of 'requires improvement'. The impact of management oversight was not always effective in evidencing assessment progression or improving quality for some children. In 70% of the cases, the chronology either lacked meaningful detail or was not up to date and in 60% of the cases, the case summary was either absent or more than three months old. Our Partner in Practice found in some cases the rationale for decision-making in the assessment was unclear and assessments tendered towards description rather than analysis. Doncaster found it difficult to identify the order of events and decisions in case notes and some case notes were not linked to the assessment.

In Summary

Actions under priority five are either complete or on track to be completed by the target date. Ofsted will report on its findings from visiting the front door and reviewing assessments in May 2019.

Priority 6: Ensure that practice for children who are subject to private fostering arrangements meets statutory requirements. (Ref: Ofsted Recommendation 11)

Progress of Actions

There are six actions against priority six, of which five are due by the end of May 2019. Of these five actions, one is green which has been completed and awaiting evidence and four are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include the refining of policies and procedures for private fostering, reviewing the process for annual assessments of private foster carers, introducing separate files for foster carers and children, strengthening management oversight of the reviews and assessments of privately fostered children and exploring regional arrangements and groups.

Performance Indicators

The number of privately fostered children reduced from three to one in November 2018 and has remained at one to date.

Quality Indicators

The quality assurance report presented to the Quality and Improvement Committee in January 2019 concluded that overall 'limited' assurance had been obtained in relation to the quality measures identified under priority six in the Learning and Improvement Plan. The report concluded that children living in private fostering arrangements did not have their needs fully assessed because of poor quality and untimely assessments at the time of notification. Children had been seen alone by social workers to ensure that they were safe; however, this was not being recorded on the correct documentation which is designed to also ensure that the private fostering arrangement remains appropriate. Case files did not evidence that adults who are private foster carers were receiving annual reviews.

In the previous QIC meeting it was requested that a review of the remaining private fostering case is undertaken to determine if the assurance rating has improved following the implementation of recommendations presented in the QA report in January. This review has taken place and a report is on the agenda today. The report concludes that whilst recommendations have not to date been evidenced as fully completed it is recognised that the privately fostered child has been seen, including alone, on a regular basis and that this has been within the timescales set out by the private fostering regulations. Information held in the child's file would support that at this time the child's needs are being met and the local authority does have oversight of her day to day care. In summary TfC are able to demonstrate that the child's care is appropriate and that she is doing well, however are not able to demonstrate that at present this is recorded in the correct manner on their liquid logic recording system.

In Summary

Actions under priority six are on track to be completed by the target date. For those that have been completed there is not enough evidence yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved. The repeat audit of the private fostering case did not increase the assurance rating presented in the QA report in January.

Priority 7: Ensure that applications to court are timely and of good quality, and that no children are left in situations of ongoing risk due to delay. (Ref: Ofsted Recommendation 9)

Progress of Actions

There are six actions against priority seven, of which five are due by the end of May 2019. Of these five actions, four are green which are completed and awaiting evidence and one is blue meaning that it is completed and evidenced by the Quality Assurance Service.

The action that is completed and evidenced is the review of the allocations process for cases within the legal team. Other actions that are currently ongoing include a restructure of the Legal Team, a review of the gatekeeping process between social care and legal teams, a review of the management approach for tracking cases via the legal gateway process, and the implementation of a revised management approach for ensuring assessments and plans for Court are timely and of good quality.

Performance Indicators

The percentage of cases issued within seven working days has been calculated using the date that the commencement pack initially arrived in Legal and stands at 58.3% which is below both target and tolerance. There were no emergency protection orders in April.

In Summary

Actions under priority seven are either complete or on track to be completed by the target date. Performance information suggests there is not enough evidence as yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved.

Priority 8: Ensure that children who present as homeless fully understand their rights to become looked after under Section 20 of the Children Act 1989, and the benefit this brings. (Ref: Ofsted Recommendation 10)

Progress of Actions

There are three actions against priority eight; all three were due by the end of May 2019. Of these three actions, all are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include the roll out of a leaflet for children aged 16 and 17 who present as homeless to inform them of their right to be accommodated or helped, the formal recording process for ensuring children have been informed of their rights and the delivery of the youth homelessness action plan developed in conjunction with the Homelessness Advice and Support Team (HAST) (part of Ministry of Housing, Communities and Local Government).

In Summary

Actions under priority eight are completed. Our homeless provision received positive feedback following a review of services undertaken by the Ministry of Housing, Communities and Local Government during.

Priority 9: When children come into care or need an alternative home, ensure that they are provided with a placement that meets their needs and offers stability through more proactive matching. (Ref: Ofsted Recommendation 12)

Progress of Actions

There are ten actions against priority nine, of which six are due by the end of May 2019. Of these six actions, three are green which are completed and awaiting evidence and three are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include the improved recording and reporting of plans of permanence in place at 2nd reviews, strengthening the processes for obtaining and recording child views for those coming to MSET, external placement panel and conference and ensuring child views influence care planning.

Performance Indicators

The percentage of looked after children with three or more placements in the last 12 months is currently at 10.4% which is meeting target.

In Summary

Actions under priority nine are either complete or on track to be completed by the target date. It is too early to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved.

Priority 10: Ensure the timely completion of life story work for all children looked after so that they can understand their life history. (Ref: Ofsted Recommendation 13)

Progress of Actions

There are three actions against priority ten, of which none are due by the end of May 2019. The three actions, which are not yet due, are on track to be completed by their due dates. The actions include the development of a process and procedures for direct work to be undertaken as soon as a child becomes looked after and rolling out direct work training.

Priority 11: Improve timely access to appropriate mental health services for children looked after and care leavers and develop a clear transition pathway for those care leavers who do not have an EHCP. (Ref: Ofsted Recommendation 14)

Progress of Actions

There are two actions against Priority 11, of which both are due by the end of May 2019. One is green which is completed and awaiting evidence and one is blue meaning that they are completed and evidenced by the Quality Assurance Service. The completed action relates to having clear transition pathways for care leavers that do not have an EHCP and the action that is ongoing relates to increasing the provision and timeliness of mental health services for children and young people.

Priority 12: Improve access to vocational, training and employment opportunities for care leavers and particularly for those who have been NEET for long periods. (Ref: Ofsted Recommendation 15)

Progress of Actions

There are three actions against Priority 12, all three are due by the end of May 2019. Of these three actions, two are green which are completed and awaiting evidence and one is blue meaning that they are completed

and evidenced by the Quality Assurance Service. The evidenced action relates to a review of the ELLEET Team whose purpose is to target employment and education for the 19-21 group.

A Strategic Management Group, Resources and Funding Group and Director/Pathway group has been formed. Additional partners have been identified and participation in group activities has widened. New links with employers has been a target and all groups will attempt to extend networks to include employers and training providers.

Two FTE coordinators have been appointed to identify creative ways of driving opportunities in training and employment for care leavers, in particular 19-21-year olds. There has been a loss of momentum caused by the delay in appointing staff but every effort is now being made to focus quickly on engaging with each of the work streams.

A project has been established to improve EET for vulnerable young people including those with SEND and who are cared for children. The Virtual Head is monitoring individual PEP/attainment plans to ensure young people ending statutory education are securing optimum support.

Priority 13: Ensure that governance and scrutiny arrangements are rigorous and challenging and that there is an accurate understanding of the quality of practice, to enable the council to hold TfC to account and to ensure that progress is made, that children are protected, and that their experiences improve (Ref: Ofsted Recommendation 3)

Progress of Actions

There are six actions against Priority 13, of which three are due by the end of May 2019. The three actions are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions completed and evidenced include reviewing performance and quality indicators with the Council to monitor compliance and performance, the implementation of a short life task and finish group to consider existing scrutiny and reporting arrangements and a revised model for the quality assurance framework.

Quality Indicators

During the Ofsted monitoring visit in January 2019, they noted 'quality assurance processes are under developed and are not yet contributing to an effective understanding of all the areas requiring improvement'. Inspectors recognised that the new quality assurance framework is being developed and will be implemented by the next visit. TfC's Improvement Partner, Doncaster Children's Trust undertook a review of Quality Assurance in May 2019 and proposed some considerations for further developing the quality assurance framework and suggested some quick win actions.

In Summary

Actions under priority 13 are either complete or on track to be completed by the target date. For those that have been completed there is not enough evidence yet to conclude that the expected outcomes outlined in the learning and improvement plan have been achieved.

Priority 14: Improve the training and development offer for social workers and managers to ensure that all staff have the right skills and knowledge for their role. (Ref: Ofsted Recommendation 4)

Progress of Actions

There are four actions against Priority 14, of which two are due by the end of May 2019. Of these two actions, both are green which are completed and awaiting evidence.

Actions that are ongoing include the Tfc workforce receiving training in the risks around CSE and the development of a training programme on equality, diversity and identity.

Priority 15: Ensure that managers provide reflective and direct supervision for all workers, with additional challenge from IRO's and conference chairs, to improve the quality of practice and planning for all children. (Ref: Ofsted Recommendation 5)

Progress of Actions

There are four actions against Priority 15, of which three are due by the end of May 2019. Of these three actions, all are blue meaning that they are completed and evidenced by the Quality Assurance Service.

Actions that are completed and evidenced include the implementation of a programme for Service Managers to review team managers supervision files, ensuring DRPs or IRO concerns are discussed in supervisions and front-line managers utilising performance and quality reports to scrutinise practice.

Performance Indicators

The percentage of social worker open cases that have had a supervision discussion recorded within the last month is 60.3% which is below target.

In Summary

Actions under priority 15 are either complete or on track to be completed by the target date. Tfc's Improvement Partner, Doncaster Children's Trust undertook a review of Quality Assurance in May 2019 and concluded that there was evidence of appropriate IRO challenge on case files relating to practice.

Ofsted Monitoring Visits

Following the first Ofsted visit in January 2019, the following six actions have been added to the Learning and Improvement Plan:

- Work with the Police to identify actions that can improve the volume and quality of CCNs
- Monitor and interrogate the volume and quality of contact information and report the Police via the ICRT Operational Group
- Analyse re-referrals to understand and address themes and emerging issues
- Improve the consent rate for parents accepting support from Children's Services
- Brief case audits to be included on children files to demonstrate the effectiveness of management oversight
- All management decisions to be clearly recorded and evidenced on case files

A second monitoring visit was carried out in May 2019 and the letter is to be published by Ofsted on 14th June. Following a review of the letter, further improvement actions may be proposed for inclusion into the Improvement Plan.

4. FINANCIAL IMPLICATIONS

None

5. BACKGROUND PAPERS

Learning and Improvement Plan

6. CONTACT

Name: Jill Colber

Position: Chief Executive, Together for Children

Appendix A: Summary of Changes to RAG Ratings

Priority	Actions	Previous RAG	Current RAG
Priority 2: Ensure that children at risk of child sexual exploitation and those that go missing have an up to date assessment of risks that informs a comprehensive response to keep them safe". (30) (Ref: Ofsted Recommendation 2)	2.4 Implement Liquid Logic workspace for Missing and CSE.	A	A
	2.5 Implement a regular reporting cycle from MSET to SLT which provides assurance as to whether children are receiving an appropriate and timely response to keep them safe.	A	A
Priority 3: Improve the timeliness of services to children and families, including the early help response, and the access to services to support victims and perpetrators of domestic abuse" (17, 18) (Ref: Ofsted Recommendation 6)	3.6 Undertake a review of resources supporting domestic violence work within TfC.	A	A
	3.8 Undertake process mapping of referrals of DV and routes to interventions to further identify any gaps in provision to be addressed.	A	A
Priority 8: Ensure that children who present as homeless fully understand their rights to become looked after under Section 20 of the Children Act 1989, and the benefit this brings.	8.3 Deliver youth homelessness action plan developed in conjunction with the Homelessness Advice and Support Team (HAST) (part of Ministry of Housing, Communities and Local Government).	G	B
Priority 9: When children come into care or need an alternative home, ensure that they are provided with a placement that meets their needs and offers stability through more proactive matching.	9.7 Permanence plans to be in place by the 2nd review and IRO challenge to be evident where this has not been achieved.	G	B
Priority 11: Improve timely access to appropriate mental health services for children looked after and care leavers and develop a clear transition pathway for those care leavers who do not have an EHCP.	11.1 Put in place clear transition pathways for those care leavers that do not have an EHCP.	G	B
Priority 13: Ensure that governance and scrutiny arrangements are rigorous and challenging and that there is an accurate understanding of the quality of practice, to enable the council to hold TfC to account and to ensure that progress is made, that children are protected, and that their experiences improve	13.1 Review and agree performance and quality indicators with the Council to monitor compliance, performance targets and the quality of social care practice	G	B
	13.2 Short life task and finish group to consider existing scrutiny and reporting arrangements, the integration of the quality assurance framework and to devise a revised model to be agreed by the Council, TfC Board and the DfE.	G	B
Priority 15: Ensure that managers provide reflective and direct supervision for all workers, with additional challenge from IRO's and conference chairs, to improve the quality of practice and planning for all children	15.3 Managers to ensure that any challenges raised by IROs are discussed in supervision and resolutions are sought and responded to	G	B