

Coventry Children's Services Getting to Good



Reported to Improvement Board 24th January 2019

Signed off by the Implementation Group 7th January 2019

Coventry's Children's Services Single Improvement Plan – Getting to Good 2017-2019

The Children's Services Single Improvement Plan is divided into three sections: Children who need help and protection; Children looked after and achieving permanence; Leadership, management and governance. The delivery lead agency highlighted in **bold** will be the responsible overall lead in driving the completion of the action (in conjunction with the relevant partners) and for providing a progress update on a quarterly basis, using the RAG ratings below. Delivery leads will also present highlight reports to the Improvement Board to evidence actions and targets completed for all areas that progress to a GREEN status.



Actions underway but no significant change in the target and performance measure.



Actions underway with evidence of significant shift and direction of travel in target and performance indicator.



Targets and measures met.

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| No. | Actions | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| 1.0 Ofsted Recommendation: Improve the quality of chronologies to ensure they provide relevant detail relating to children's histories and the impact of previous interventions. Objective: To ensure that practitioners take account of the importance of the full history of the family and significant events and use this to inform purposeful Interventions. | | | | | | | | |
| 1.1 | Issue practice guidance to early help and social care staff about how to write a good chronology, using exemplars. | | Guidance Issued September 2017 Impact/ evaluation- September 2018 | CCC | % of up to date Chronologies | Audit of chronologies shows improvement. Supervision is used to check compliance. All cases (including early help) have chronologies. | | Overall Progress Chronology Practice Guidance was issued to practitioners in both early help and social care in July 2017, and is hosted in the Documents Library. The guidance has been shared in workshops, team meetings and training courses. The training programme includes chronology training. Each individual team in social care and early help now has a team action plan for chronologies. |

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| | | | | | | | | Impact This has had some impact in ensuring that chronologies are of significant importance in understanding the journey of the child and their experience. The action plans are updated and quality assured by Operational Leads. |
| 1.2 | Deliver improvement workshops/training for early help and social work practitioners on developing good chronologies. | | March 2018 Impact/evaluation- September 2018 | CCC | 10 workshops % of compliance By March 30% By June 60% By Sept 90% plus | Audit of chronologies shows improvement. | | Overall Progress 17 workshops have been delivered across all areas to early help and social care practitioners, to reinforce the practice guidance, how to write a chronology, and the importance of keeping them up to date. These events have been attended by 190 practitioners. Further learning and development sessions have been delivered by the Operational Leads and Team Managers during team meetings and away days. This has contributed to an improving picture on the presence of chronologies in children's files. Sessions have also taken place at Practice Improvement Forums for front line staff and managers. |
| | | | | | | | | Impact |

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| | | | | | | | | <p>The performance measures for this action are that 10 workshops take place and that compliance in performance improves.</p> <p>The performance on this action is partly met. The number of workshops has exceeded 10. The % of up to date chronologies is included in the monthly performance scorecard and more recently broken down by team in the performance Dashboard.</p> |
| <p>2.0 Ofsted Recommendation: Review the authority's arrangements for privately fostered children and ensure that those arrangements and associated practice comply with statutory guidance.</p> <p>Objective: For all partners to be able to identify and refer private fostering arrangements to children's social care. For social care practitioners to understand the law, their roles and responsibilities and improve the quality of interventions.</p> | | | | | | | | |
| 2.1 | Develop a Private Fostering Communication Plan to include: <ul style="list-style-type: none"> Advertising campaigns. Professional training and information sessions provided. Leaflet production and | | Implement plan by January 2018 Report of progress/ Evaluation April 2018 | CCC Health Police Schools Housing Probation NPS/CRC Independent sector | Number of private fostering notifications. | Communication delivered to all staff by partner agencies. Numbers of staff trained in each agency increases. Reports of activity, performance and outcomes included in Private Fostering | | Overall Progress A Communication Plan has been agreed. The actions in the plan focus on raising awareness about what private fostering is and the requirement to make a referral to children's services when one is identified. The LSCB website has been updated and a new leaflet has been developed and circulated across the partnership. The LSCB have created a set of key message slides for use in multi-agency training and for partners |

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| | distribution to libraries, GP surgeries etc. <ul style="list-style-type: none"> A list of key contacts within private schools, language schools etc. | | | | | annual report from each agency. | | to use in their single agency training. A second twitter and awareness raising campaign took place in June 2018. The private fostering lead has made links with the local language school and private schools to raise awareness about their responsibilities. Impact The number of private fostering notifications have increased slightly. Benchmarking data shows that Coventry has higher notifications than other areas. |
| 2.2 | Improve quality of private fostering assessments and statutory visits: <ul style="list-style-type: none"> Deliver workshops for multi-agency staff on private fostering issues Develop and issue practice guidance to support practitioners | | March 2018 | CCC Health Police Schools Housing Probation NPS/CRC Independent sector | 100% of visits in timescales. % privately fostered children with timely visit 3 workshops held. % of compliance By March 30% By June 60% | Audits of the quality of practice shows improvement. Compliance with Private Fostering National Minimum Standards. | | Overall Progress A Private Fostering Working Group has been established, led by the lead manager for private fostering. Its role is to revise procedures and develop and deliver training to support practitioners to have a clear understanding of the statutory responsibilities for private fostering. Workshops have been held in all the area teams and the fostering service. The children's services procedures were updated in September 2017 to add clarity to the definition of |

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| | <p>learning and understanding of private fostering</p> <ul style="list-style-type: none"> • Undertake audits of assessments to check that they address safeguarding issues • Identify a lead manager for Private Fostering • Undertake audits of cases to check management oversight and sign off of assessments, visits and plans. | | | | <p>By Sept 90% plus</p> <p>30 audits undertaken.</p> | | | <p>private fostering. There will be a further update in 2019.</p> <p>Audits of practice have taken place in January, February and May 2018. The findings show that further improvement is required. The private fostering lead is notified when a private fostering assessment has commenced so that management oversight and quality assurance can take place.</p> <p>Impact</p> <p>There were currently 7 private fostering arrangements as at August 2018. In December 2018 there are 14. Benchmarking data shows that Coventry has higher notifications than other areas.</p> <p>100% of visits are in timescale and have been each month since May 2018.</p> <p>Workshops have been completed with all social work teams. All cases were audited in January 2018, May 2018 and July 2018.</p> <p>New templates for private fostering agreements and</p> |

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| | | | | | | | | recording statutory visits have been developed. |
| 2.3 | Review private fostering procedures and ensure that all staff are familiar with them. | | Audit activity shows improvement March 2018 | CCC | | Audit activity shows improvement in quality of assessments. Compliance in procedures being followed. | | <p>Overall Progress</p> <p>The children's services procedures were updated in September 2017 to add clarity to the definition of private fostering. There will be a further update in 2019.</p> <p>Regular communication is issued to all staff to remind them of how to access the procedures and the associated web site to go to obtain guidance and good practice exemplars.</p> <p>Impact</p> <p>Audits of practice have taken place in January, February and May 2018. The findings show that further improvement is required. The private fostering lead is notified when a private fostering assessment has commenced so that management oversight and quality assurance can take place.</p> |
| 2.4 | Produce an annual report on private fostering that includes a self-assessment against the | | April 2018 | CCC Health Police Schools | | Annual report shows clear trajectory for improvement. | | <p>Overall Progress</p> <p>An annual report has been produced which provides a self-assessment against the 7 Private Fostering National Minimum</p> |

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| | private fostering National Minimum Standards. | | | Housing – Probation NPS/CRC Independent sector | | Partner contribution to the annual report. | | <p>Standards. This was signed off at the LSCB.</p> <p>Impact The performance measure was partially met at the time the annual report was prepared. The performance measure is now met. Contribution from partner agencies in the development of the self-assessment need strengthening for the next report. This will be addressed for the next annual report.</p> |
| 3.0 Ofsted Recommendation: Strengthen arrangements to ensure that the management of allegations of professional abuse is robust and effectively safeguards children. Objective: To ensure that allegations against professionals are addressed swiftly and protect children from harm. | | | | | | | | |
| 3.1 | Review systems and processes for the oversight of allegations against professionals, and develop a dataset to monitor progress. | | Revised date May 2018 | CCC | New measures to be identified | Changes and new systems introduced. Performance dataset and dashboard in use. | | <p>Overall Progress A comprehensive LADO database has been developed with support from a Coventry City Council analyst. The database commenced from April 2018.</p> <p>The development of a LADO Dashboard in Protocol remains outstanding yet the development</p> |

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| | | | | | | | | <p>of the database outlined above has mitigated against this.</p> <p>Impact: The database provides a performance dataset and supports LADO performance reporting including tracking of outcomes. The system in place means that timescales can be monitored for LADO service delivery from point of contact with the service to completion. Patterns and themes in respect of the source of referral, nature and appropriateness of referral can be identified and data captured and used to inform actions for development and improvement both within the service and across partners.</p> |
| 3.2 | Recruit to the permanent role of Risk Management Co-ordinator (incorporates Designated Officer function). | | December 2017 | CCC | | Audit activity shows improvement in timeliness and quality of investigations. | | <p>Overall Progress The Risk Management Coordinator post has been appointed to and post holder commenced on the 30th March 2018.</p> <p>Impact</p> |

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| | | | | | | | | <p>In December 2017, a Dip Sample was completed of LADO cases and this evidenced improvements in the LADO service since the Ofsted inspection in March 2017 including that cases concluded in a timely and appropriate manner.</p> <p>This was further borne out in the information and data reported in the LADO Annual Report 2017/18.</p> |
| 3.3 | Implement a tracking process for referrals and throughput of cases and actions being completed in timescale. | | Revised date May 2018 | CCC | | Audit activity shows improvement in timeliness and quality of investigations. | | <p>Overall Progress As per 3.1 & 3.2 above</p> <p>Impact As per 3.1 & 3.2 above</p> |
| 3.4 | Quarterly reports presented to Children's Services Leadership Team setting out issues and themes. | | January 2018 | CCC | | Quarterly reports informs areas for learning and improvement. | | <p>Overall Progress</p> <p>Quarterly reports are provided to ensure there is a more timely understanding of issues and themes and that actions to address are robust and responsive.</p> <p>The first Quarterly Report, Q3 2017-18, was completed in February 2018 and presented to CSLT on 12th March 2018.</p> |

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| | | | | | | | | <p>New Risk Management Coordinator role that incorporates the LADO function commenced 30th March 2018 and Annual report for 2017/18 has been completed. This was submitted to CSLT October 2018 and incorporated updates that have taken place in the LADO Service over Q1 & Q2 2018/19.</p> <p>Q3 2018/19 report is scheduled for completion in Jan 2019.</p> <p>Impact The Annual and Quarterly reports set out issues and themes with recommendations for action to inform learning and improvement.</p> <p>Impact will be embedded further as the quarterly report production/process progresses.</p> |
| <p>4.0 Areas for Development: Understanding of, and work with children at low risk of Child Sexual Exploitation (CSE) is less consistent. (Para 25) / A small number of young people with CSE concerns that are placed away do not benefit from seeing their families frequently enough. (Para 50)</p> <p>Objective: To ensure that young people with a low risk of CSE are provided with early intervention support. To ensure that proper consideration is given before placing a young person with CSE risks away from family networks.</p> | | | | | | | | |

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| 4.1 | Develop an early help offer for addressing low level CSE concerns in conjunction with partners. | | Revised date December 2018 | Police CCC Public Health Health Schools Housing Probation NPS/CRC Independent sector | | <p>Self-assessment completed by participating schools</p> <p>‘Profile’ for participating schools in place and highlighting need. Dissemination of assessment work to all schools</p> <p>Analysis of ‘need’ completed.</p> <p>Clear understanding of low level risk indicators.</p> <p>Review of good practice completed</p> <p>Service provision and training</p> | | <p>Overall Progress The guidance is complete and the rollout has begun amongst partners.</p> <p>Impact It is too early to understand any impact at this stage but the CE OPS group will be reviewing further profiles and need in February 2019.</p> |

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| | | | | | | assessed against need. | | |
| 4.2 | Ensure that the new delivery plan for CSE includes an action to implement and monitor the response to low level CSE concerns. | | June 2018 | Police CCC Public Health Health Schools Housing Probation Independent sector | | Clear operating model in place for low level CSE work. | | Overall Progress The CSE Operating Model has been set up through the low CSE risk project. Impact Once the work of the project has had time to embed, a task and finish group will be set up and review this in April 2019 |
| 4.3 | Develop practice guidance that enables staff to develop a consistent approach to working with high and medium risk cases across all social care teams. | | February 2018 | CCC | | Consistent service for all young people at risk of CSE. | | Overall Progress Guidance has been written and disseminated across the service to promote learning and development. Impact in this area has been partially achieved with further ongoing work to promote consistency. |
| 4.4 | The Horizon teams to undertake case learning sessions with LAC social workers about the impact of out of City placements | | March 2018 | CCC | Reduction of young people at risk of CSE concerns placed out of City. | Consistent service for all young people at risk of CSE. | | Overall Progress Training sessions have taken place between workers in Horizon and Through Care to share good practice. Staff are now stating that they have a |

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| | for young people at risk of CSE. | | | | 2 case learning events sessions held. | | | <p>better understanding of the potential impact on young people and how to tackle the issues.</p> <p>Impact Social workers now understand the potential additional risk factors when children are placed out of the area. They are applying this in practice and this is resulting in improved outcomes for children.</p> |
| 4.5 | Review the sharing of information arrangements for CSE in respect of suspected perpetrators, and the opportunities for protective interventions. | | December 2017 | Probation NPS Probation CRC CCC Police | | Clarity about information shared in respect of perpetrators of CSE. | | <p>Overall Progress A clear approach to integrate the two probation providers (NPS and CRC) has been agreed. This will integrate 'Probation' into already established structures.</p> <p>1. In 'standard' CSE investigations the Investigating Police Officers will check if alleged perpetrators or victims carers/family are known to Probation, via PNC. If known, further information and input will be requested via identified SPOCS in both organisations.</p> <p>2. In CSE 'operations' where activities are co-ordinated through a 'Strategic Management</p> |

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| | | | | | | | | <p>Group', the relevant Probation provider will be invited to send a nominee when checks, indicate probation involvement.</p> <p>3. The same process for gathering information will apply, as in each of the points above, to gathering information on whether the parents or carers of victims are known to probation providers.</p> <p>Impact: Activity in respected of convicted perpetrators will continue to be managed via MAPPA or the perpetrators forum where relevant Probation providers will be represented as at present.</p> |
| 5.0 Areas for Development: Children's views do not feature in plans, plans do not respond to changing circumstances. (Para 17) Objective: To ensure that children's views are prominent in plans and they reflect any changes in circumstances. | | | | | | | | |
| 5.1 | Issue guidance to staff about the need to capture children's views in plans and include links to good practice exemplars. Embed within plans as interactive guidance where appropriate. | | January 2018 | CCC | | Exemplars in place and being accessed. | | <p>Overall Progress Direct work with children guidance issued. Follow up work planned with VOC to review impact. Ofsted recognised in their recent visit in January 2018 improvements and progress has been made to timeliness and quality of plans and that social</p> |

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| | | | | | | | | <p>workers are engaging with children through direct work. Workshops for practitioners on direct work and ensuring the voice of the child is routinely captured within plans and assessments.</p> <p>Impact Case file audit in April 2018 demonstrated increased use of direct work with children, young people and their families.</p> |
| 5.2 | Guidance to be issued to remind staff that plans should be reviewed at every review or when circumstances change. | | February 2018 | CCC | | Audits show improvement. | | <p>Overall Progress Practice guidance was issued in January 2018. Team managers have been promoting this in area team and service development days.</p> <p>Impact This action has not been fully achieved. There is ongoing work to develop and improve the quality of plans for children. This includes further learning and development, workshops and best practice exemplars.</p> |
| 6.0 Areas for Development: Interventions are sometimes too adult focused. (Para 21) Objective: To ensure that the purpose of interventions clearly spell out what impact they have on improving outcomes for the child/young person. | | | | | | | | |

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| 6.1 | Issue guidance to staff that emphasises the need to ensure that when interventions are sought, the purpose is clear in terms of what outcome it is achieving for the child. Embed within plans as interactive guidance where appropriate. | | February 2018 | CCC | | Audits show improvement. | | <p>Overall Progress Practice guidance was issued in January 2018. Team managers will continue to develop this further through team meetings and supervision.</p> <p>Impact In the direct work and chronology workshops this is being reinforced to practitioners to support quality and consistency of services to children and young people.</p> |
| 7.0 Areas for Development: Social workers do not regularly attend or make referrals to Channel Panel. (Para 28) Objective: To ensure that social workers know when and how to make a referral to the Channel Panel. | | | | | | | | |
| 7.1 | Share the criteria and process for making referrals to Channel Panel with staff. | | March 2018 | CCC | Increase in referrals to Channel Panel. | Social workers understand how to make referrals to the Channel Panel. | | <p>Overall Progress Updated information regarding the criteria and process for making referrals has been completed and is available via the safeguarding board website. In addition briefings have been held. The corporate wrap training programme operates on a monthly basis to continue to make information on the awareness and impact on the Channel panel available to all staff.</p> <p>Impact</p> |

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| | | | | | | | | <p>The work to help social workers understand how to make referrals to the Channel Panel has been completed and there are examples that evidence social workers making good quality referrals and attending.</p> <p>There has not been an increase in the number of referrals to Channel Panel but a reduction, yet this is in line with regional and national figures that have also seen a reduction.</p> <p>There is no information to suggest that referrals haven't been made when they should have.</p> |
| 8.0 Areas for Development: Homelessness. Objective: <i>To ensure that partners understand what good practice looks like in addressing homelessness issues with 16-17 year olds.</i> | | | | | | | | |
| 8.1 | Undertake a multi-agency enquiry panel on homelessness 16-17 year olds cases/referrals and ensure that learning is embedded into practice | | April 2018 | LSCB CCC Health Police Schools Housing | Enquiry Panel Completed | <p>Learning shared across partnership</p> <p>Board is assured that there is a partnership wide compliance with the 16 to 17 year old homelessness</p> | | <p>Overall Progress This Enquiry Panel was held on 1st May 2018 attended by a range of partners. The learning will be disseminated across the partnership.</p> <p>Impact The learning was shared with partners at LSCB Board in July. A meeting has taken place with Housing and early help to ensure holistic prevention work is in</p> |

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| | | | | | | protocol. | | place to prevent 16 and 17 year olds and families from becoming homeless. |
| 9.0 Areas for Development: Forced Marriage. Objective: To ensure that partners understand what good practice looks like in addressing cases of forced marriage. | | | | | | | | |
| 9.1 | Undertake a multi-agency enquiry panel of forced marriage cases/referrals and ensure that learning from audit is embedded into practice. | | January 2018 | LSCB CCC Health Police Schools Housing | Enquiry Panel Completed | Learning shared across partnership Board is assured that there is a partnership wide compliance with relevant policies and procedures. | | Overall Progress Enquiry Panel completed 7 th March 2018. Each agency provided information about their Forced Marriage policy and practice. Impact All organisations were able to demonstrate that they had appropriate organisational policies and procedures in place for responding to Forced Marriage and there were some good elements of good practice were identified across the partnership. |
| 10.0 Areas for Development: Female Genital Mutilation (FGM). Objective: To ensure that partners understand what good practice looks like in addressing cases of female genital mutilation. | | | | | | | | |
| 10.1 | Undertake a multi-agency audit/panel of Female Genital Mutilation (FGM) cases/referrals and ensure that learning from | | December 2017 | LSCB CCC Health Police Schools Housing | 5 audits undertaken. | Audit shows improved practice. | | Overall Progress Enquiry Panel completed 23 rd November. Each agency provided information about their FGM policy and practice. The product identifying good practice has been shared. |

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| | audit is embedded into practice. | | | | | | | Impact The Board is assured that there is good practice in this area. |
| 11.0 Areas for Development: Domestic Abuse Strategy / Guidance about multiple domestic abuse referrals. Objective: <i>To have a clear domestic abuse strategy that sets out how Coventry addresses the issue. To ensure that our response to referrals about domestic abuse is proportionate and takes the family history into account.</i> | | | | | | | | |
| 11.1 | Review the domestic abuse strategy and plan for Coventry. | | March 2018 | CCC Health Police Schools Housing | Domestic abuse contacts completed Domestic abuse timeliness Number of domestic abuse referrals Number of Common Assessment Framework (CAF) with domestic abuse as the primary presenting need. | Domestic abuse interventions used in Coventry are evidence based and demonstrate a reduction in domestic abuse re-referrals. | | Overall Progress The Domestic Abuse Strategy was launched in Summer 2018. The action plan was approved by the Domestic Abuse Strategic Group. The action plan is monitored by a strategic group. There are four priority areas in the plan: Prepare, Prevent, Protect and Pursue. Good progress is being made against the plan, of note is the core competency framework. It is being developed to ensure that all frontline staff are able to recognise the signs of DA. The training package is being developed and will be available on the council's online training platform. The training will also be made available to other agencies in the City so that knowledge and training are consistent. |

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| | | | | | | | | <p>The 16 Days of Action was delivered- The council participated in an international campaign against domestic abuse and led a local awareness raising social media drive in the city. Over the 16 days, 16 individual messages were shared alongside statistics and facts about domestic abuse locally. The aim was to keep the conversation of domestic abuse active and spread the message that DA is everybody's business.</p> <p>The IRIS programme was launched with GP surgeries 6 months ago in a bid to increase referrals to DA Services. 27 surgeries have been trained and we have had a steady referral rate.</p> <p>Impact Domestic Abuse reports recorded by the police have been rising over the previous two quarters since the launch of the new strategy. Domestic Abuse has higher profile across partners in the City.</p> |
| 11.2 | Review the guidance about responses to | | February 2018 | CCC LSCB – | DV contacts completed | Domestic violence | | Overall Progress |

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| | domestic violence referrals and triggers for intervention, drawing on recent SCR findings. | | | Health Police Schools Housing Probation NPS/CRC Independent sector | DV contact timeliness Number of domestic abuse referrals/repeat referrals. Number of CAF's with domestic abuse as the primary presenting need. | interventions used in Coventry are evidence based and demonstrate a reduction in domestic abuse re-referrals. | | The review of the guidance has been completed Impact There has been a slight reduction in domestic abuse referrals (as a % of all referrals) in the last 6 months from 25% in June to 20% in December 2018. Similarly timeliness has improved from 65% in June to 91% in December 2018. |
| 12.0 Areas for Development: Emergency Duty Team (EDT). Objective: To identify further improvements that might be required in the emergency duty service. | | | | | | | | |
| 12.1 | Undertake a review of the EDT service. | | March 2018 | CCC | | Review identifies areas for improvement. | | Overall Progress The review of the EDT has been completed setting out areas of progress and further improvements required. Impact The performance measure has been met. |

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| 13.0 Areas for Development: Reduce the number of out of hour's admissions to care. Objective: To ensure that admissions to care that take place out of hours are only those that are truly emergency situations when there is no possibility of the child remaining within the family network. | | | | | | | | |
| 13.1 | Undertake a workshop with the EDT service to review the interventions available to them and behaviours required of professionals that would assist them to focus on addressing emergency out of hours cases for accommodation only. | | March 2018 | CCC | A reduction in out of hour's admissions to care. | Early help interventions are used to stabilise families out of hours. | | Overall Progress The review of the EDT has been completed setting out areas of progress and further improvements required. Staff in the EDT were engaged in the review and this included taking part in a workshop on 20 February 2018. Impact The performance measure has been met. In the first half of 2017/18, 22 children were accommodated by EDT. In the second half of 2017/18 this reduced to 12. |
| 14.0 Areas for Development: Demand management and workflow. Objective: To ensure that managers can track progress of assessments using a check point system so that timely throughput is maintained. | | | | | | | | |
| 14.1 | Introduce a system for check points for single assessments to enable better monitoring of the throughput of casework. | | March 2018 | CCC | Duration of cases from referral at check points. | Audits show improvement in timeliness and quality of assessments. | | Overall Progress A four stage checkpoint system has been included in the performance dashboard which indicates when a children and family assessment has been open |

| Children Who Need Help and Protection | | | | | | | | |
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| No. | Actions | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| | Integrating this into Protocol as appropriate. | | | | <p>Children and Family Assessments completed</p> <p>Children and Family Assessments completed per 10,000 population</p> <p>Children and Family Assessment timeliness (0-45 days)</p> | | | <p>for 1-10 days, 2-20 days, 3-40 days, and 45 days. Assessments that are overdue (46+ days) are listed by team and can be drilled down to individual workers. Details about children and family assessments that are due for completion 5 days before the 45 day timescale is also available.</p> <p>Impact The performance measure has been met. The number of assessments per 10,000 population has come down year on year and currently stands at 579.1, lower than the statistical neighbour average of 587.5 but remains higher than the England average of 515. The timeliness of assessments is 75.8%, against a target of 90% to be achieved in 2018/19. However monthly performance has been improving consistently since August 2018. Performance in December 2018 was 81%.</p> |
| 15.0 Areas for Development: Strategy Meetings/Discussions. Objective: To ensure that partners understand their role in strategy meetings/discussions and play a full part. | | | | | | | | |
| 15.1 | Undertake workshops in the area social work | | March 2018 | CCC | 3 workshops held. | Attendance of partners at | | Overall Progress |

| Children Who Need Help and Protection | | | | | | | | |
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| No. | Actions | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| | teams about the importance of partner engagement in strategy meetings/discussions. | | | | 1 in January 2018, 1 in February 2018, 1 in March 2018 | strategy meetings/discussions improve. | | <p>This will be incorporated into workshops being delivered in the areas by the social work academy. There will be a specific focus on promoting multi agency working in strategy meetings and plans for children and young people. Practice Guidance was issued in April 2018 and disseminated across the teams to support the improvement activity.</p> <p>Impact Dip Sample completed which highlighted areas of progress and further work that is required. There is some progress however further work is required to continually improve the quality and consistency of recording, and multi-agency attendance.</p> |

| Children looked after and achieving permanence | | | | | | | | |
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| No. | Action | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| 16.0 | <p>Ofsted Recommendation: Ensure that the progress of prospective adopters is tracked effectively so that the potential for children to be placed without delay is minimised.</p> <p>Objective: To ensure that there are no delays in the adoption process with a particular focus on improving the learning and development offer for adopters, ensuring that all children and young people benefit from early preparation for permanence, and learning from adoption breakdowns.</p> | | | | | | | |

| Children looked after and achieving permanence | | | | | | | | |
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| No. | Action | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| 16.1 | Develop a comprehensive tracking process for the adoption service, (building on the permanence tracking for looked after children). Integrating this into Protocol as appropriate. | | May 2018 | CCC | Adoption scorecard. | Adoption scorecard shows improvement in all areas. | | <p>Overall Progress</p> <p>There have been a number of improvements in this area of work and a tracker is now in place. A close working relationship with ACE has also led to better outcomes for children</p> <p>Discussions are taking place with colleagues to see how quickly a permanence tracker can be built into Protocol.</p> <p>Impact</p> <p>The ALB return has been significantly impacted upon by the adoption of a teenager by their carer and a sibling group both of which are positive for the children concerned. The recent ALB figures demonstrate that timescales for adoption are improving</p> |

| Children looked after and achieving permanence | | | | | | | | |
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| No. | Action | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| 16.2 | Undertake a review of all adopters who are waiting in excess of a year for a placement for learning and next steps. | | December 2017 | CCC | | Learning shared with staff. Reduction in adopters waiting for placements. | | Overall Progress A review has been undertaken of all adopters who have waited for a period of 12 months or more. Impact This has been presented to the Adoption Panel. Some adopters are now matched with children and all are reviewed by the Adoption panel every 12 months. |
| 16.3 | Practitioners to undertake direct work with children and young people in order to explain the process of life story work and prepare them for the next stage, ensuring the child's view is captured. Managers to check that social workers are undertaking this work. | | June 2018 | CCC | | All looked after children are well prepared for permanency. Effective supervision challenges poor performance. Quality Assurance by Independent Reviewing Officer/A Decision Maker/panel arrangements. | | Overall Progress 'Toolbags' have now been purchased and staff have had training on how to use these as part of their life story work (LSW) with children. Each team has access to this resource Workshops on LSW are scheduled as part of Coventry Children's Services core training offer. In addition, further training is being provided to Permanence and Through Care staff on LSW by a member of staff trained in therapeutic approaches to LSW. |

| Children looked after and achieving permanence | | | | | | | | |
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| | | | | | | | | <p>LSW champions have been identified. These individuals have a more in depth understanding of LSW and are able to offer support to other social workers in their teams.</p> <p>Individual sessions have begun in social work teams across Looked After services to make sure that there is a consistent approach to LSW with all children.</p> <p>A task and finish group has been created to identify good practice and build on this. This is led by a Practice Educator.</p> <p>Impact Team managers now undertake file checks to make sure that LSW is taking place. Audits of work show that this work is taking place with children. Moving forward the challenge is to enhance this further.</p> |
| 16.4 | Undertake learning and development activity on effective practice in preparation for | | March 2018 | CCC | 4 events held. | All social workers for looked after children are confident to do | | <p>Overall Progress 18 workshops on the delivery of life story work (LSW) have taken place and have been</p> |

| Children looked after and achieving permanence | | | | | | | | |
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| No. | Action | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| | permanence and life-story work. | | | | | this work with children. | | <p>attended by 110 staff and 12 foster carers.</p> <p>Team managers have begun to undertake file checks to make sure that LSW is taking place.</p> <p>Impact</p> <p>Audits of work show that this work is taking place with children. Moving forward the challenge is to enhance this further.</p> |
| 16.5 | Review content of adopter training to include learning from disruptions and adopter and adoptee (if appropriate) feedback. | | March 2018 | CCC | Reduction in the time from placement for adoption to application. | Increase in prospective adopter's confidence tested through survey. | | <p>Overall Progress</p> <p>The responsibility for the recruitment, training and assessment of adopters now lies with the Regional Adoption Agency (ACE). This became live from 1 February 2018.</p> <p>Prior to this, there was a review of training undertaken by staff in Coventry City Council. This included learning from disruptions that had happened historically.</p> <p>Since ACE is now operational there has been a review of the training programmes of all</p> |

| Children looked after and achieving permanence | | | | | | | | |
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| | | | | | | | | <p>four local authorities involved. This has meant that a consistent approach to the training of prospective adopters, and adopters who are approved but waiting for a match is happening and is based on the best practice of all authorities. This includes any learning from previous adoption disruptions.</p> <p>Impact Adopters are receiving a better understanding of possible issues for children and, as a result of this, are better able to meet the needs of the children placed with them.</p> |
| 16.6 | Reports from learning from disruptions to be completed within a month and provided to the Adoption Panel within a month of completion. | | March 2018 | CCC | <p>Disruption reports completed within 1 month.</p> <p>Learning reports to the Adoption Panel within 1 month of completion.</p> | Learning from disruptions is shared with staff. There is a reduction in adopter disruptions. | | <p>Overall Progress A process was put in place to ensure that learning from adoption disruptions would be reviewed to identify the learning to make improvements in the service.</p> <p>Impact During 2017/18 there were no adoption disruptions.</p> |

| Children looked after and achieving permanence | | | | | | | | |
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| | | | | | Numbers of adopter disruptions. | | | <p>In 2018/19 there have been 4 adoption disruptions. Coventry will continue to take a creative approach to adoption, whereby a wide variety of children will be considered for adoption as a permanence option.</p> <p>All disruptions are robustly reviewed and learning used to inform further care planning for the child. Lessons for practice will be rolled out to staff once collated.</p> |
| 16.7 | Managers to sign off all adoption support plans to ensure that they are comprehensive and up to date and reflective of the placement. | | February 2018 | CCC | | Audits shows compliance and improvement. | | <p>Overall Progress Processes are in place to make sure that this happens. These are completed in conjunction with ACE colleagues.</p> <p>Impact Children now have more informed care plans which are supporting them and their adoptive family.</p> |
| 16.8 | Continue to participate in the development of the Regional Adoption Agency (RAA). | | May 2018 | CCC | | Improved performance against the adoption leadership board targets (ALB). | | <p>Overall Progress Coventry continues to participate in ACE.</p> <p>Impact ACE is seeing an increase in the number of people wanting to adopt. This is against the</p> |

| Children looked after and achieving permanence | | | | | | | | |
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| No. | Action | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| | | | | | | Regional Adoption Agency in place by 1 November 2017. | | <p>national trend. Once these adopters are fully assessed there will be a larger pool of adopters for children and this will contribute to improved timeliness for children.</p> <p>The ALB return is showing impact. The timescales for children being adopted are reducing. This means that children are experiencing permanency at an early stage and have opportunity to build closer relationships in their new family.</p> |
| 16.9 | Oversee the development of a quality assurance framework for the work of the Regional Adoption Agency. | | January 2018 | CCC | | Quality assurance framework in place | | <p>Overall Progress</p> <p>A quality assurance development is in place for the Regional Adoption Agency. This is monitored through the ACE Executive Board and is subject to ongoing review.</p> <p>Impact</p> <p>There are improving outcomes for children that are being monitored and progressed.</p> |
| <p>17.0 Areas for Development: Many children enter care in an unplanned way or too late. (Page 15)</p> <p>Objective: To ensure that the right edge of care interventions are in place to enable children and young people to remain within the family network.</p> | | | | | | | | |

| Children looked after and achieving permanence | | | | | | | | |
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| No. | Action | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| 17.1 | Undertake a review of all early help and edge of care interventions available for children and young people, with a particular focus on teenagers. | | January 2018 | CCC | Reduction in older children entering care subject to section 20 in unplanned way | Review identifies areas for improvement, good practice and learning. All children will enter care in a planned way unless it is an emergency situation. | | Overall Progress A review of both MST and Crisis Intervention Teams took place and was presented at the Transformation Board in April 2017. The conclusion was both teams needed to be brought together under one manager to maximise the efficiency of these teams, ensuring they were targeting the right children. This has been taken forward through the children services redesign and there is now one Edge of Care team. A recent review of the admissions to care has been completed, This has identified that there are still a number of children who should be reviewed to the Edge of Care team at an earlier point. This is being taken forward through the review of legal planning and the new admissions panel. |
| 18.0 Areas for Development: Knowledge about looked after children is not always reflected in case records or assessments. (Para 37) Objective: To ensure that record keeping is purposeful and reflects the child and young person's experience. | | | | | | | | |
| 18.1 | Issue guidance to staff enforcing the need to ensure that case | | January 2018 | CCC | Last activity on a case. | Audits show improvement. | | Overall Progress Practice Guidance has been issued and disseminated. |

| Children looked after and achieving permanence | | | | | | | | |
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| | records are up to date and accurate. Provide managers with regular reports of record keeping beyond agreed outlier threshold. | | | | | | | Impact Through the Chronology Workshops and area team meetings, Team Managers and Operational Leads are reinforcing and challenging their practitioners to improve in this area. |
| 19.0 Areas for Development: Care plans do not address the full range of children's needs. (Para 37) Objective: <i>To ensure that care plans are comprehensive and address all the assessed needs of the child and young person.</i> | | | | | | | | |
| 19.1 | Exemplars of good practice care plans to be shared with staff to illustrate the need for care plans to address the full range of needs. Embed within plans as interactive guidance where appropriate. | | January 2018 | CCC | | Exemplars in place and being accessed. Audits show improvement in plans being SMART and driving improved outcomes for children. | | Overall Progress A Development Day was undertaken for the three LAC-Permanence Teams in March 2018. A workshop was delivered on "Aspirational Care Plans" to ensure social workers know what good looks like and are supported to develop SMART, aspirational care plans for Looked After Children. Impact An exemplar of a "good" care plan has been completed (for an under 5 year old) to share with social workers to demonstrate what good looks like. Exemplars for 5 to 10 year olds; 10 to 15 year olds and |

| Children looked after and achieving permanence | | | | | | | | |
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| | | | | | | | | pathway plans for young people have been identified and shared to demonstrate what good looks like. |
| 20.0 Areas for Development: Too few locally based foster placements and recruitment yet to deliver desired impact. (Para 39) Objective: <i>To ensure that there are enough local foster carers in Coventry for our looked after children population.</i> | | | | | | | | |
| 20.1 | Fully implement Transformation Board project plan that includes reviewing and streamlining timescales for foster carer recruitment, marketing, and increasing capacity of existing in house foster carers. | | April 2018 | CCC | 100 new placements created | There is a reduction in the % of Independent Fostering Agency (IFA) foster carers that supports children remaining locally, maintaining their school place and living in a stable placement. | | Overall Progress Recruitment continues to remain strong. There has been an 81% increase in enquiries and 44 households were approved in 2017/18. Advertising is now much more cost effective as a result of the increase in number of enquiries. Coventry continues to have profile of being at the leading edge of recruitment. A representative from Coventry chairs the regional group and has been involved in leading a new recruitment film to facilitate the recruitment of carers for teenagers Impact There are currently 226 children in a placement with mainstream foster carers. This is 31.7% of the looked after population. Currently there are 185 children placed in |

| Children looked after and achieving permanence | | | | | | | | |
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| | | | | | | | | <p>external IFA placements (25.9% of the looked after population). This means that there are now more children in internal fostering placements than there are in external fostering placements. This is the first time this has happened in many years. This indicates that good progress is being made.</p> <p>Currently 53.6% of children are placed in the city of Coventry. Again this is an improving trajectory.</p> <p>The improvements in this area of fostering have happening despite an increase in Coventry's looked after population in the last 12 months.</p> |
| 21.0 Areas for Development: Family group conferences are not used frequently enough to identify potential carers within the network. (Para 34) Objective: <i>To ensure that family group conferences are used promptly to identify alternative carers if the child or young person cannot return home to parents.</i> | | | | | | | | |
| 21.1 | As part of the arrangements to establish a permanency planning tracking process for looked after children, the Family Group Conference | | January 2018 | CCC | Number of FGC's undertaken. | The use of family group conferences are assisting in more children remaining at home with their families. | | Overall Progress Arrangements are in place whereby FGC Coordinators/Manager regularly and consistently attends Stage 1 Panel so that FGC can be routinely offered |

| Children looked after and achieving permanence | | | | | | | | |
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| No. | Action | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| | Manager to be part of the Stage 1 Panel where all new admissions to care and edge of care cases are reviewed. | | | | | | | <p>to all families who are eligible under the PLO, if this hasn't been the case prior to.</p> <p>As part of this, FGC Service undertakes background checks to establish whether there is current or historical FGC Service involvement. This helps identify whether there is a current family plan in place that can support with the presenting needs of the child/family concerned or if there has been previous involvement and if so when, what that was and what impact this had.</p> <p>Case discussion at Panel explores whether referral (or re-referral) would be of benefit and could be offered to family.</p> <p>There is the opportunity through Panel discussion to explore whether FGC has been considered with the family and if there is a viable support network. There is a focus on constructing clear objectives</p> |

| Children looked after and achieving permanence | | | | | | | | |
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| | | | | | | | | <p>about what FGC could achieve and address.</p> <p>Impact Referral rates have increased along with number of FGCs undertaken. There is some evidence that Family Group Conferences are assisting in more children remaining at home with their families.</p> |
| 21.2 | The Family Group Conference service to attend the front line staff practice forum to discuss their role and how to access their service. | | January 2018 | CCC | Number of FGC's undertaken. | The use of family group conferences are assisting in more children remaining at home with their families. | | <p>Overall Progress The FGC Service have attended Practice Improvement Forums in September 2017 and 2018 and delivered FGC briefings to teams over 2018 with more planned for 2019. This has ensured awareness raising re the service and benefits of FGC for families is firmly on the agenda.</p> <p>Impact Referral rates have increased along with number of FGCs undertaken. There is some evidence that Family Group Conferences are assisting in</p> |

| Children looked after and achieving permanence | | | | | | | | |
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| No. | Action | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| | | | | | | | | more children remaining at home with their families. |
| 21.3 | Details of the Family Group Conference Service to be included in the Menu of Services that is going to be placed on the Documents Library for staff to access information about. | | January 2018 | CCC | Number of FGC's undertaken. | The use of family group conferences are assisting in more children remaining at home with their families. | | <p>Overall Progress FGC details are included in the Menu of Services.</p> <p>Impact Referral rates have increased along with number of FGCs undertaken. There is some evidence that Family Group Conferences are assisting in more children remaining at home with their families.</p> |
| <p>22.0 Areas for Development: Together and apart assessments do not give sufficient consideration to the nature and type of attachments that brothers and sisters have to one another and the significant adults in their lives. (Para 45)</p> <p>Objective: To ensure that social workers have the skills to undertake good quality together and apart assessments taking account of the impact on attachment.</p> | | | | | | | | |
| 22.1 | Staff from the adoption service provide mentoring support and team discussions with social workers working with looked after children so that their skills are shared. | | February 2018 | CCC | 2 workshops held. | Social workers undertake good quality assessments. Audits show improvement. | | <p>Overall Progress Following the redesign of services staff with experience of court work and adoption have been brought together. They have all been involved in a number of development sessions and are now offering each other support and guidance to share skills and develop practice. Work has been completed in this area.</p> <p>Impact</p> |

| Children looked after and achieving permanence | | | | | | | | |
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| | | | | | | | | Staff report an increased confidence in the range of work that they complete. The team works closely together to offer support to each other when required. Team morale is good and staff report satisfaction about their knowledge base. There is evidence that adoption work is progressing well and there are improved outcomes for children. |
| 23.0 Areas for Development: Not all children in long term foster care benefit from life story work and the quality is not good enough. (Para 51) Objective: <i>To ensure that all children and young people in foster care understand their life history and journey so that it contributes to achieving emotional security.</i> | | | | | | | | |
| 23.1 | Undertake workshops with social work teams about life story work for children and young people in long term foster care. | | March 2018 | CCC | 6 workshops undertaken. % of compliance By March 30% By June 60% By Sept 90% plus | Audits shows improvement. | | Overall Progress This action has been completed. Team managers have begun to undertake file checks to make sure that LSW is taking place. Impact Audits of work show that this work is taking place with children. Moving forward the challenge is to enhance this further |

| Children looked after and achieving permanence | | | | | | | | |
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| 24.0 Areas for Development: Delays in completion of Initial Health Assessments for a minority of children. (Para 48) Objective: To ensure that all looked after children have a health assessment within 28 days of coming into care. | | | | | | | | |
| 24.1 | Health services to review reasons for timescales not being met and put a strategy in place to address this. Report to Corporate Parenting Board. Improve information sharing with Health to ensure they have all the information they require to set appropriate appointments. | | March 2018 | Health CCC | Initial Health Assessment's (IHA) undertaken within 28 days. % LAC Health Assessment timeliness % LAC Initial Health Assessments completed | Report to Corporate Parenting Board shows improvement in IHA's undertaken on time. | | Overall Progress The CCG met with the Trust to understand why initial health assessments being met within timescales had decreased. An increase in numbers of LAC, and capacity issues in the service were contributing factors. Work is now underway to review the daily health data to review the list of outstanding health assessments with a plan for mitigating and managing the risk in the interim period. The current specification is being reviewed to identify statutory "must dos" and any additional requirements that could be relaxed in the interim period to enable more resource to be invested in the completion of assessments. The CCG will also be arranging a clinical lead to shadow a paediatrician clinic and review the length of time currently being taken to complete the assessments against the |

| Children looked after and achieving permanence | | | | | | | | |
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| | | | | | | | | <p>recommended timescales. The Trust is looking at Out of City arrangements, and where local arrangements are considered robust and are of a quality standard, will sub-contract the undertaking of the reviews to release more capacity.</p> <p>Impact Performance is at 51.4% in year to date for IHA's. Overall demand for health assessments has increased compared to last year, due to the increase in LAC numbers.</p> |
| 25.0 Areas for Development: Results of Strengths and Difficulties' (SDQ) are not shared with health agencies. (Para 51) Objective: <i>To ensure that the outcome of SDQ scores are used to inform purposeful interventions for children and young people.</i> | | | | | | | | |
| 25.1 | Undertake a review of Tri-x procedures to include guidance about how to complete SDQ's and ensure that they are fed into plans. | | February 2018 | CCC Health | % LAC SDQ's completed | New procedures in place. The findings from SDQ's are used in care planning. | | <p>Overall Progress Children's Social Care procedures have been reviewed, (December 2017 and January 2018). Practice Guidance has been issued to all practitioners and is hosted on the Tri-x documents library.</p> <p>Impact 87% of SDQs are up to date and are informing planning.</p> |

| Children looked after and achieving permanence | | | | | | | | |
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| 25.2 | Undertake workshops with staff about how to use SDQ's effectively. | | February 2018 | Health CCC | 4 workshops held. % LAC SDQ's completed | The findings from SDQ's are used in care planning. | | Overall Progress Workshops for social workers have taken place In April 2018. Impact There was good attendance at the workshops. Further work is required to undertake an evaluation of the impact and outcomes to ensure this is embedded within teams. |
| 26.0 Areas for Development: Foster to adopt needs greater promotion. (Para 60) Objective: <i>To ensure that more children and young people benefit from foster to adopt placements.</i> | | | | | | | | |
| 26.1 | The fostering service to promote the recruitment of foster to adopt carers at the regional event. | | March 2018 | CCC | 8 foster to adopt applicants recruited. | Increase in foster to adopt | | Overall Progress Prior to ACE there was a focus on Fostering to Adopt. This is now something that ACE leads on. All prospective adopters are afforded this option and there has been an increase in the number of children placed in Foster to Adopt placements. Impact The number of fostering for adoption placements have increased fourfold. It is considered as an option for all children who are likely to have a care plan for adoption. |

| Children looked after and achieving permanence | | | | | | | | |
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| No. | Action | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| 26.2 | Develop practice guidance about what foster to adopt is about. | | February 2018 | CCC | | Increase in foster to adopt placements. | | <p>Overall Progress</p> <p>This guidance has been developed, issued to staff and available on the Document Library.</p> <p>The guidance pulls together both the legal and policy framework, and draws upon research and evidence base to promote Foster to Adopt.</p> <p>Impact</p> <p>The learning and development activity has raised the understanding of foster to adopt which has seen an increase in the number of foster to adopt placements for children.</p> |
| 27.0 Areas for Development: Later life letters are not always completed. (Para 62) Objective: To ensure that all children and young people receive their later life letters in a timely way. | | | | | | | | |
| 27.1 | The timely completion of later life letters to be included on the adoption tracker and closely monitored by managers. | | February 2018 | CCC | <p>Later life letters started within 10 days of Placement Order.</p> <p>The letter to be received after the Adoption</p> | All adopters receive later life letters in a timely way. Good practice guidance issued. | | <p>Overall Progress</p> <p>A tracker has been developed and is reviewed by the Operational Lead for Permanence. This is closely monitored and the team managers to make sure later life letters are produced within timescales and are of a good quality.</p> |

| Children looked after and achieving permanence | | | | | | | | |
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| No. | Action | RAG Action completed | By When | Delivery Lead | Performance measure | We will know it's working when | RAG Performance measure and impact | Progress |
| | | | | | Order is made and no later than 10 working days after the adoption ceremony. 3 workshops held on later life letters. | | | Impact The information provided to children and their adoptive parents is significantly improved. This allows children to be cared for in a better informed way. |
| 28.0 Areas for Development: Adoption Panel Advisor could support social workers more in developing their knowledge of good practice. (Para 66) Objective: <i>To ensure that the learning from the adoption process held by the Adoption Panel Advisor is shared with social workers so that practice is enhanced.</i> | | | | | | | | |
| 28.1 | The Adoption Panel Advisor to undertake workshops at the Practice Improvement Forum and the Front Line Staff Practice Forum about sharing good practice. | | February 2018 | CCC | 2 workshops held. | Good practice exemplars in place and being used. | | Overall Progress The Adoption Panel Advisor has undertaken workshops at the Practice Improvement Forum and the Practice Improvement Forum for managers. This received positive feedback. This is complete. Impact Staff report that they have a better understanding of adoption practice as a result. |
| 28.2 | Learning from the 6 monthly reports from the Adoption and | | Annual reports March 2018 | CCC | | Good practice exemplars in place and being used. | | Overall Progress Both the annual fostering and the annual adoption report |

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| | Fostering Panels to be shared in the children's services bulletin. | | | | | | | <p>have now been signed off through the relevant political processes. Plans are in place for these to be put in the next workforce newsletter.</p> <p>Impact Staff are able to have a better understanding of the services and how their own practice relates to it.</p> |
| 29.0 Areas for Development: The quality of pathway plans requires further improvement to improve their focus and provide clearer detail about the range of support that young people can expect. (Para 72) Objective: To ensure that care leavers' pathway plans set out clearly what support they will get to meet their identified goals and aspiration | | | | | | | | |
| 29.1 | Workshops to be undertaken with the leaving care service about what a good quality pathway plan looks like. | | January 2018 | CCC | 2 workshops held. % Care Leavers with a pathway plan % of Care Leavers with a Pathway Plan reviewed within the last six months | Good practice exemplars in place and being used. | | <p>Overall Progress Pathway Plan good practice examples have been shared across the service to support the ongoing work, and there is regular peer discussion and challenge across the teams to continuously improve.</p> <p>Impact Impact can be demonstrated that all of the through care social workers and personal advisors contributed to both of the workshops and critically reflected on their own practice in assessment and writing</p> |

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| | | | | | | | | <p>pathway plans for Young People.</p> <p>The timeliness and quality of pathways plans has improved with the percentage of pathway plans completed on time currently at 95.2% of Pathway Plans being completed within statutory timescales. There has been a slight decline in number of Pathway Plans Reviews completed with timescales but this is due to a higher level of Quality Assurance so plans are not being signed off as completed until amendments have been made.</p> <p>Plans now have SMART actions and are more meaningful to young people. Further work is planned looking at some good practice from other authorities where innovative uses of technology are being trialed in their Pathway Planning.</p> |
| 30.0 Areas for Development: The Local Authority is slow in ensuring that all care leavers receive a summary of their health histories. (Para 80) Objective: <i>To ensure that care leavers have a full record of their care history when moving into adulthood and preparing for independence.</i> | | | | | | | | |

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| 30.1 | Health services to review reasons for timescales for health histories not being met and put a strategy in place to address this. Report to Corporate Parenting Group. | | revised date December 2018 | Health | Number of care leavers with health passports. | All care leavers have health passports. | | <p>Overall Progress Trajectory agreed with CWPT, which will see the target of 95% completion rate, being hit by December 2018. The target has not been met due to increased LAC numbers and capacity issues in CWPT which has had an impact on meeting the target in December 18 for care leaver health summaries. However the Trust are still working towards achieving the target and have now recruited an additional nurse to support with current demand.</p> <p>Impact Care leavers who have access to their health information are better able to understand their health needs and use this to promote positive health seeking behaviours. Further work is needed to ascertain the exact impact.</p> |
| <p>31.0 Areas for Development: Independence support packages for care leavers are sometimes arranged late and do not focus enough on the emotional challenges and coping strategies they may need to employ when living alone. (Para 81)</p> <p>Objective: To ensure that there is a clear pathway of emotional health and wellbeing support for care leavers as they prepare for independence.</p> | | | | | | | | |
| 31.1 | Review timeliness of independence support | | December 2017 | CCC | No. of Care Leavers | Pathway plans show early planning on independence. | | <p>Overall Progress This has been completed and services refined. Young people</p> |

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| | packages for care leavers. | | | | % of Care Leavers with a Pathway plan | | | <p>have been involved and contributed to changing independence services.</p> <p>Impact Feedback from young people is that they enjoy, and are benefitting from, the new arrangements for independence support.</p> |
| 31.2 | Commission an offer and develop a pathway of emotional and mental health support to care leavers. | | January 2018 | Health | | Emotional and mental health offer in place and being accessed. | | <p>Overall Progress Care Leavers are now being supported by the CAMHS LAC service with case consultations taking place with Social Workers.</p> <p>The full integration of the service into one location is still yet to occur due to building work however interim measures has been implemented to ensure integration. This will be a priority following completion of building work.</p> <p>Impact Last 2 quarters have seen an increase in referrals who have been seen within 4 weeks following the change in the way consultations are booked.</p> |

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| | | | | | | | | It is clear there are a number of children being supported however it is not clear as to how many care leavers are being supported. We are working with the provider to obtain this data. |
| 32.0 Areas for Development: Corporate Parenting Strategy. Objective: <i>To ensure that the corporate parenting strategy sets out what partners are promising to do to fulfil their corporate parenting functions, and what specifically is required to progress the leaving care service from 'good' to 'outstanding'.</i> | | | | | | | | |
| 32.1 | Develop a new Corporate Parenting Strategy for looked after children and care leavers. | | Revised Date September 2018 | CCC | | All agencies playing an active role in supporting looked after children and care leavers. | | Overall Progress A plan is currently in place. This is due to come to an end in 2019. A new plan is currently being developed as part of business as usual. This will be signed off through the political process which includes the Corporate Parenting Board. The Lead Member is aware of the need to update the strategy later in the year and understands the need for this to be monitored through the Corporate Parenting Board. This should be considered as 'business as usual.' Impact Coventry will have a new strategy which will clearly |

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| | | | | | | | | document how a corporate parenting offer will be delivered. |
| 32.2 | Develop a route map of how to progress the 'good' inspection rating in the leaving care service to 'outstanding', drawing on the experience of other local authorities. | | May 2018 | CCC | | Route map in place to get to 'outstanding'. Audits show improvement. | | <p>Overall Progress The route map produced is comprehensive and focusses on all aspects of the care leaver service.</p> <p>Impact The route map sets out the actions that the service plans to take, as business as usual, on its journey of continuous improvement towards delivering outstanding services.</p> |
| 33.0 Areas for Development: LAC school attendance. Objective: <i>To ensure that looked after children achieve at school and participate in activities just as well as other children.</i> | | | | | | | | |
| 33.1 | Undertake a review of systems and approaches to improve school attendance of looked after children. | | February 2018 | CCC Schools | LAC attendance at school. | LAC attendance at school improves. | | <p>Overall Progress Pupils' attendance is closely examined on a monthly basis and a report mechanism has now been constructed to track trends in attendance, both for individuals and the whole of the current cohort, based on monthly data snapshots. The attendance of 'persistent absentees' or 'at risk' pupils is</p> |

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| | | | | | | | | <p>checked fortnightly using 'live' data bases. Pupils highlighted are discussed half termly with advisory teachers and contact is made with schools with suggestions, support and approaches to improve individual's attendance. This enables advisory teachers to more clearly support pupils who are beginning to experience difficulties with attendance.</p> <p>Impact The attendance level during academic year 2018/2019 is above the attendance level of academic year 2017/2018.</p> |
| 34.0 Areas for Development: Foster carer records on Protocol. Objective: <i>To ensure that full records about foster carers are available in one place on an electronic system.</i> | | | | | | | | |
| 34.1 | Develop a plan for the inclusion of all foster care records to be available on Protocol. | | December 2017 | CCC | | Foster care records on Protocol. | | <p>Overall Progress All current foster carer records are on Protocol. Paper copy records have been reviewed and relevant documents have been scanned onto protocol. This will allow workers to access all the information they might need about foster carers.</p> |

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| | | | | | | | | Impact Staff are able to access carer records that are all in one place. This will consolidate practice, mean staff are better able to supervise and support carers. This will lead to improved outcomes for children. |

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| 35.0 Ofsted Recommendation: Ensure that the Local Safeguarding Children Board supports partners to understand and consistently apply appropriate thresholds to levels of need at every stage of the child's journey, including the early help pathway. Objective: To ensure that all partners play their part in identifying and addressing need before problems escalate through early help support and make the right referrals to social care. | | | | | | | | |
| 35.1 | Undertake a review of the current CAF system, including: <ul style="list-style-type: none"> The roles and responsibilities of all partner agencies, such as Health, Housing, Schools and Adult Services, in fully identifying | | November 2017 | LSCB CCC Health Police Schools Housing Probation NPS/CRC Independent sector | | Review identifies improvements. | | Overall Progress Review completed highlighting strengths and weaknesses of current system in effectively engaging both partners and families in early help. The EH assessment has now been agreed by the partners and is being piloted across 4 areas. Impact |

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| | needs and assessing families that may need help as a shared responsibility. <ul style="list-style-type: none"> • Current criteria for CAF levels 2 and 3. • Format of the CAF assessment. • Impact of interventions. | | | | | | | The initial review identified changes in the EH model which have been implemented in the EH Hubs. The pilot is underway. |
| 35.2 | Simplify the early help assessment process and ensure that the revised arrangements use common language throughout about children's needs, and incorporate a signs of safety methodology. | | May 2018 | CCC Health Police Schools Housing Probation NPS/CRC Independent sector | Increase in early help assessments by all partners. Decrease in referrals to social care. 50% reduction in number of step down cases re-referred back to social care | | | Overall Progress A new Early Help Assessment based on Signs of Safety has been developed by the Early Help Task and Finish Group and endorsed at Improvement Board on 13 April 2018. The next stage is to reconfigure the early help module (EHM) to enable the functionality to work to support the new early help assessment form. This involves the installation and testing of the signs of safety forms into the EHM case management system. Full implementation will take place in 2019. |

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| | | | | | within the last 6 months. | | | <p>In the interim 4 Family Hubs area are trialing the new early help assessment. Further engagement from partners to test the new early help assessment is taking place.</p> <p>Activity is underway to map and develop a comprehensive offer of training and support for the implementation of the new early help assessment. Existing training for the CAF will be reviewed and updated, as will the guidance to support the new early help assessment.</p> <p>Impact The performance measure has been partially met. The percentage of CAFs (the current early help assessment) held by agencies other than the local authority has increased slightly from 25.7% in March 2017 to 30.9% in March 2018. The number of contacts received has reduced slightly from 24,386 in March 2017 to 21,035 in March 2018. The number of conversions to a social care referral, however, has increased from 5,433 in March</p> |

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| | | | | | | | | 2017 to 5,871 in March 2018. The proportion of re-referrals across the year was 21.1%, down slightly from 24.0% in 2016/17. The proportion of referrals where the child concerned had been the subject of an early help assessment in the 12 months preceding the referral was 23.3%, up slightly from 22.6% in 2016/17. |
| 35.3 | All agencies to ensure that they increase their lead professional role in undertaking early help assessments. | | August 2018 | LSCB CCC Health Police Schools Housing Probation NPS/CRC Independent sector | Increase in the % of early help work lead by agencies other than the local authority (CSC Monthly Report Indicator 1.7) | Clear guidance for staff and partners about threshold application and the Early Help Assessment process. Board are assured that providers of early help services can demonstrate effective interventions in the life of children and families. This | | <p>Overall Progress</p> <p>Right Help. Right Time Guidance was launched on 23rd April 2018. Nine multi-agency briefings have been held across the city. A total of 374 staff have been trained. RHRT training will be in the standard LSCB training brochure for 2019-2020. The guidance is on the LSCB website for practitioners to refer to.</p> <p>An Early help trial is under way in 4 areas and partners will be completing EH Assessments where appropriate. A suite of support and guidance documents have been developed and disseminated to partners</p> |

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| | | | | | | should be demonstrated by early identification of need, SMART planning being in place and evidence of sustainable improvements achieved. | | Impact The percentage of EH assessments held by partners stands at 20.4%. |
| 35.4 | Review of the Initial Contact Service. | | January 2018 | CCC | 90% of contacts to social care processed within 24 hours. No. of contacts completed | Effective resourced structure in place. Audit activity shows improvements in quality of practice and management oversight. | | Overall Progress This has culminated in an extensive MASH Implementation Plan bringing all the initiatives into a single plan, as well as the functions in the front door managed under a more cohesive single umbrella of the MASH. Linked to this work is the refresh of Coventry's Threshold Document and the development of a new early help assessment that are underway. Impact The performance measures are partially completed. The year to date performance on Contact timeliness for December 2018 |

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| | | | | | | | | stands at 87.6% The outturn performance as at for 2016/17 was 60.1%. Contact timeliness has been improving consistently since October 2018. |
| 35.5 | Strengthen partnership arrangements in the front door: <ul style="list-style-type: none"> Review & Republish the Threshold Document. All partners to comply with completion of the Multi-agency Referral Form (MARF). All referrals to include consent (unless significant harm) prior to sending to the MASH. Undertake workshops with partners about threshold application as part | | September 2018 | LSCB CCC Health Police Schools Housing Probation NPS/CRC Independent sector | MASH Assessment Timeliness is 70% (CSC Monthly Report Indicator 2.6) Re-Referral rate is less than 15% (CSC Monthly Report Indicator 2.9) | Task & Finish Group report that: <ul style="list-style-type: none"> In 90% of referrals a MARF is received 100% consent sought on referrals (unless significant harm). Outcome of referral is reported back to originating referrer Audit shows that there is consistent and | | Overall Progress Right Help. Right Time Guidance was launched on 23 rd April 2018. Nine multi-agency briefings have been held across the city. Communications shared with partners around the use of MARF and consent for referrals, re-enforced in the MASH top tips for making a good referral guidance. Staff in the MASH are now asking partners to confirm if the family is aware of the referral rather than seeking consent. MASH Implementation Plan in place to ensure sustainability of improvements in the MASH, and is monitored through the MASH Subgroup of the Board. Impact |

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| | <p>of implementation of new Guidance.</p> <ul style="list-style-type: none"> Undertake a multi-agency case file audits of threshold application. Establish a task and finish group that examines demand and outcomes of referrals. | | | | | appropriate application of thresholds by both referring agencies and the MASH. | | MASH assessment timeliness is 69.1% in December 2018 representing an increase from July when it was 45.9%. Audit activity shows that timeliness of partner sharing information continues to impact on overall timeliness. The need for agencies to provide information in a timely manner has been included in the 'Making a good MASH referral guidance'. The Re-referral rate is 25.9%.YTD |
| 35.6 | <p>Strengthen social care response in the front door:</p> <ul style="list-style-type: none"> Managers to record rationale for decision making on Protocol. Monitor and share 'poor' and 'good' referrals with partners and use them for learning. Feedback/outcomes to referrers to be issued in a timely way. Implement signs of safety methodology | | March 2018 | CCC | Reduction in no further action following referrals and child and Family assessments | Referrals are timely and evidence clear threshold and decision making. | | <p>Overall Progress</p> <p>Activity to improve the social care response at the 'front door' has been expanded beyond the specific actions in the Children's Services Improvement Plan, following a number of reviews and quality assurance audit activity that has taken place. A MASH Implementation Plan consolidates a number of additional actions that have been identified to improve practice in the MASH, including those that are partnership related.</p> <p>Impact</p> |

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| | <p>format in the MASH.</p> <ul style="list-style-type: none"> Review sample of assessments and child protection enquiries that led to no further action for learning. | | | | | | | <p>The performance measure is partially met. No further action following a Contact has decreased slightly since January 2018 and a no further action outcome following a child and family assessment has increased this is because sometimes the intervention commences whilst the assessment is ongoing.</p> |
| 35.7 | Undertake a review of referrals to the front door that result in no further action to understand the reasons why and to reduce the number of referrals that result in no social care action. | | July 2018 | LSCB CCC Health Police Schools Housing Probation NPS/CRC Independent sector | <p>Increase in early help assessment work started (CSC Monthly Report Indicator 1.1)</p> <p>Re-Referral rate is less than 15% (CSC Monthly Report Indicator 2.9)</p> | <p>Reduction in 'no social care action' outcome for referrals.</p> <p>In 90% of referrals a MARF is received</p> <p>Outcome of referral is reported back to originating referrer</p> <p>There is consistent and appropriate application of</p> | | <p>Overall Progress</p> <p>NFA audit took place in November. In 100% of cases the reviewer agreed with the threshold. In only 5.6% of cases an outcome letter was sent to the referrer. Following the audit a number of actions have been agreed to improve performance.</p> <p>Impact</p> <p>There has been a significant increase in the early help assessments that has started from 126 in September to 221 in October.</p> <p>The re-referral is currently 25.9%. The target for this outcome measure is yet to be</p> |

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| | | | | | | thresholds by both referring agencies and the MASH. | | achieved as the target is less than 15 per cent. |
| 36.0 Ofsted Recommendation: Ensure that the introduction of the risk management methodology across the authority includes partners and the authority at all stages. Objective: To ensure that the signs of safety methodology is understood and used across Coventry to support children and families. | | | | | | | | |
| 36.1 | All identified partners receive training in Signs of Safety. | | May 2018 | LSCB CCC Health Police Schools Housing Probation NPS/CRC Independent sector | 80% attendance at training sessions. 100% partnership staff are trained to undertake early help assessments using signs of safety | Training programme in place. Audit activity shows compliance to quality of assessments. Effective supervision challenges poor performance Early help support is embedded to drive consistency in practice across the City. | | Overall Progress Signs of Safety training is still being rolled out as part of business as usual. LSCB Training Sub-group have prioritised the delivery of training according to need. The primary focus is on two day training roll out, then one day and then half day awareness sessions. This is to ensure that those that are directly using SoS with families receive the training first and without delay. An accelerated timeline for delivery was produced in October 2018 and additional sessions have been put on. Due to the short notice of some of these sessions partners have, at times, struggled to release staff to attend the sessions. |

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| | | | | | | | | Impact Audit work is starting to identify that SOS is being applied. |
| 36.2 | Appoint a Signs of Safety Implementation Manager working to the Principal Social Worker. | | December 2017 | CCC | | Signs of Safety understood across the partnership | | Overall Progress The Signs of Safety Manager is now in post. Impact SOS training is being rolled out on a regular programme, supported by the LSCB. |
| 36.3 | Undertake audits of early help assessments to test that: <ul style="list-style-type: none"> • Early help assessments are timely, regular and thorough. • Step up and step down plans identify how work will be continued. • Early help assessments are timely and evidence clear thresholds and decision making. | | May 2018 | CCC Health Police Schools Housing Probation NPS/CRC Independent sector | Reduction in children in need cases by 10%. 50% reduction in number of step down cases re-referred back to social care within 6 months. 120 audits undertaken. | Audit of early help assessments show improvement. | | Overall Progress Audits of Early Help cases have been undertaken on a monthly basis. The target of 120 is scheduled for March 2019. A reduction in CiN cases by 10% has been achieved. Impact Audit findings are showing some indication that the quality of Early Help assessments is beginning to improve but this needs to improve further and be sustained. |

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| 37.0 Ofsted Recommendation: Improve the quality of children's assessments and the focus of plans, so that all children at every stage of their journeys have their needs fully recognised and met. Objective: <i>To ensure that all children and young people at every stage of their journey have their needs fully recognised and met, through good quality assessments and plans.</i> | | | | | | | | |
| 37.1 | Review all children and young people who are subject to child protection plans at the second review point to ensure timely and effective care planning. | | January 2018 | CCC | 100% of CP escalations resolved in time. No. of children subject to a Child protection plan % of children subject to a Child Protection Plan for 2 or more years Child Protection Management Alerts triggered | Children and young people are safeguarded with no drift and delay. | | Overall Progress All children who have been subject to a child protection plan for up to 9 months, have their plan reviewed at a Review Child Protection Conference, independently chaired by a CP Chair. Performance as regards meeting statutory timescales for reviewing child protection plans is consistently high. When there are concerns about drift/delay, CP Chairs are raising CP Management Alerts. There is still more work to be done to be confident that this is the case on a consistent basis across the CP Chair Service; progress has been made as regards the % of CP escalations resolved in time but this needs to embed further to fully meet the performance target. |

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| | | | | | | | | <p>Since October 2017, CP Chairs have taken a more focused approach as regards oversight of safety planning and exit strategies for children subject to a plan at the second review point, in order to secure timely, safe and permanent arrangements for children.</p> <p>From 1st December 2017 CP Chairs have been engaged in the new arrangements for the chairing of CiN Reviews, and chair the first CiN Review following the ending of a CP Plan at the review conference.</p> <p>The performance target for % children subject to a CP Plan for 2yrs + has reduced from <3% to a more challenging <2% and this measure is not yet met.</p> <p>Impact Overall, the action required has been completed but in relation to impact, whereas there has been progress and improvement in some areas, this is still to be realised in others. This means that there</p> |

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| | | | | | | | | are some clear examples where children are safeguarded in a timely and robust manner but others that require improvement. |
| 37.2 | Pilot new arrangements for reviews of child in need cases. | | April 2018 | CCC | Number of open CiN cases. | Children and young people are safeguarded with no drift and delay. Audit of child in need cases shows improvement in practice. Reduction in the number of CiN cases. | | <p>Overall Progress</p> <p>There are two specific aspects to the pilot: child protection chairs will chair the first CiN review where cases are stepped down from the child protection plan and subsequent reviews are chaired by a team manager or senior practitioner: all new CiN reviews from 1 December 2017 (other than those stepped down from a child protection plan) are chaired by a team manager or senior practitioner.</p> <p>Impact</p> <p>The measure has been partially met. Not enough cases have been chaired by team managers/senior practitioners to be able to assess impact of the pilot. Audits of child in need cases have taken place.</p> |
| 37.3 | Implement model for effective case/permanence | | February 2018 | CCC | Reduction in time taken | Robust tracking in place. | | Overall Progress |

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| | tracking (legal planning and new admissions panel, case progression meetings and permanence tracking panel). | | | | Public Law Outline. Formal pre-proceedings within 12 weeks. | Children and young people achieve emotional and legal security at the earliest point. | | <p>In July 2017, a new permanency planning tracking process for looked after children was established. Three panels were established to provide assurance that there was no drift and delay in achieving permanency for looked after children. They also served to provide oversight on children who are on the edge of care so that they received the right package of support to return home safely, or threshold decisions made to determine whether care proceedings were necessary. The arrangements were evaluated in March 2018.</p> <p>Impact</p> <p>The performance measure is met. Since January 2018, there has been some improvement in the timeliness of pre-proceedings.</p> <p>With regards to performance against the 26 week statutory timescale for concluded cases, the year to date figure (April 2017 through to December 2017) was at an average case duration of 34.4 weeks. The trajectory for the year</p> |

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| | | | | | | | | 2017/2018 is currently forecast at 32.2 weeks. (The latter is dependent on external factors such as the ability of the court to list cases within timescales). |
| 37.4 | Ensure assessments are carried out for all children and young people (LAC, CP, CiN) where there is a change to their needs or care plan. | | May 2018 | CCC | Assessments completed within the last 6 months. | Care plans updated to reflect assessed need. | | <p>Current Progress</p> <p>Assessment continues to be a focus of social workers. There has been progress in the following areas:</p> <p>The number of Children and Families (C and F) assessments continues to rise. This indicates that assessment is considered an important tool in care planning.</p> <p>Timescales for completing C and F assessments are improving.</p> <p>The Operational Lead for Permanence has undertaken a number of sessions across the service on the importance of aspirational care planning. This has had a focus on reassessing children's needs if circumstances change</p> <p>Operational Leads have informed all staff about the</p> |

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| | | | | | | | | <p>importance of assessment if children's circumstances change.</p> <p>Impact Children should be benefiting from a re-assessment when their needs change. This will mean they have an updated care plan which will contribute to outcomes being met. However, LCS is not configured to trigger and record updated assessments at the present time. It is not clear whether practice is consistent across the service. Work is being undertaken to resolve the system issue to evidence this moving forward.</p> |
| 37.5 | Develop a multi-agency neglect strategy and implementation plan. | | April 2018 | LSCB CCC Health Police Schools Housing Probation NPS/CRC Independent sector | | <p>Neglect is identified and acted on early.</p> <p>Assessments in neglect cases are evidenced based.</p> <p>Audits show improvement.</p> | | <p>Overall progress Neglect strategy is now in place.</p> <p>Impact Audit work undertaken in November 2018 identified that the overall outcome was that the response to and the management of children at risk of neglect is improving.</p> |

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| 37.6 | Consider the graded care profile tool is used by all partners to assess neglect in neglect cases. | | May 2018 | LSCB CCC Health Police Schools Housing Probation NPS/CRC Independent sector | Numbers of graded care profiles completed by agency. Number of staff trained in each agency. | Neglect is identified and acted on early. Assessments in neglect cases are evidenced based. Audits show improvement. | | Overall Progress LSCB considered the graded care profile and the use of it to assess neglect at BMG on 21 st November. The view of BMG that there are multiple tools in use for working with families with different problems across the city and that they are not separately endorsed for 'global' use. Therefore there was no need to do the same in regard to neglect. This view was formed on the basis that there was no evidence in the presentation given that the use of the graded care profile resulted in improved outcomes for children. Signs of safety has been adopted as the citywide practice model and where appropriate professionals are free to use whatever tool is appropriate within that practice model to support families. The graded Care Profile is used by Children's Services where appropriate. |

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| 38.0 Ofsted Recommendation: Continue to monitor and develop services through the work of the Improvement Board so that all children in Coventry receive the help and support that they need and their outcomes improve. Objective: <i>To ensure that the Improvement Board drives improvement with pace and holds partners to account by monitoring progress and impact through the Children's Services Improvement Plan.</i> | | | | | | | | |
| 38.1 | Review the membership, frequency, remit, and forward plan for the Improvement Board. | | June 2017 Completed | CCC Independent Chair | | All partners take ownership for implementing the actions in the Improvement Plan. | | Overall Progress The review of the membership of the board was completed. Impact An Executive group will replace the Improvement Board to oversee continuous improvement from March 2019. |
| 38.2 | All agencies to produce highlight reports of recommendations in the Improvement Plan that are rag rated Green to demonstrate the evidence that the targets and measures have been achieved and progress is embedded and sustainable. | | June 2017 - at each Improvement Board for recommendations ragged Green. | LSCB CCC Health Police Schools Housing Probation NPS/CRC Independent sector | | Highlight reports demonstrate improved outcomes. | | Overall Progress Highlight reports have been submitted by the LSCB in relation to all actions. Impact Impact is demonstrated in the highlight reports. |
| 38.3 | Develop a succession plan with the LSCB in preparation for the cessation of the Improvement Board. | | January 2019 | CCC Independent Chair Chair of the Corporate | | Clear succession plan in place. | | Overall Progress A report on the new arrangements and proposed recommendations to develop a succession plan was discussed with Board members at 4 July |

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| | | | | Parenting Board LSCB | | | | Improvement board and a proposal put forward and agreed at 3 October Improvement Board. A new smaller Executive Group will replace the Improvement Board and maintain continuous improvement and oversight from March 2019. |
| 38.4 | Develop Practice Standards for Children's Services. | | Revised date May 2018 | CCC | | Practice Standards in place and being applied by Practitioners. Briefing on Practice standards to all staff. | | <p>Overall Progress</p> <p>Practice Standards have been published and shared with the Teams and Services. Practice Standards have been communicated through the practice improvement forum and used in team meetings and development sessions.</p> <p>Impact</p> <p>The standards have been published and disseminated to all teams. Impact has not yet been fully evaluated. All Operational Leads and Team Managers are undertaking activity to embed them across their service and team areas.</p> |
| 39.0 Ofsted Recommendation: Ensure that managers, chairs of child protection conferences and IRO's improve their practice, by robustly chairing children's meetings and challenging any delays in their plans being progressed. | | | | | | | | |

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| Objective: <i>To ensure that managers and chairs robustly challenge any drift and delay that impacts on outcomes for children, including through formal escalation processes.</i> | | | | | | | | |
| 39.1 | Managers, CP Chairs and IRO's to provide rigorous challenge and scrutiny to ensure that plans are SMART, and include realistic timescales for actions. | | March 2018 | CCC | Child Protection Management Alerts triggered Looked After Management Alerts triggered | SMART plans in place. Case progression demonstrates compliance. Evidence of challenge. Audit activity shows improvement | | <p>Overall Progress</p> <p>There is evidence of IRO's identifying drift and delay in planning and achieving best outcomes for children; formally exercising their challenge and escalation role accordingly; triggering Management Alerts.</p> <p>CP Chairs have been working with a Signs of Safety Consultant to aid consistent production of SMART Plans. There has been a focus on improving "Next Steps" which equates to the recommendations within the Child Protection Plan and ensuring that all recommendations have a purpose, timescale and a person or group assigned to the task.</p> <p>Quarterly IRO/CP Chair QA Alert overview reports are being produced with Q1 & Q2 2018/19 completed and submitted to CSLT and endorsed and Q3 in progress.</p> |

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| | | | | | | | | <p>Action Plans are in place to take forward learning and improvement for children's services social work teams as well as the IRO & CP Chair Service themselves.</p> <p>Impact When there are concerns about drift/delay, CP Chairs & IROs are raising Management Alerts but there is still more work to be done to be confident that this is the case on a consistent basis.</p> <p>Overall, the action required has been completed but in relation to impact, whereas there has been progress and improvement in some areas, this is still to be realised in others.</p> <p>This means that there are some clear examples where children's outcomes are not impacted by drift and delay but others where this is less timely.</p> |

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| 39.2 | Develop a consistent style and approach to chairing CP conferences and LAC reviews. | | March 2018 | CCC | | Clear standards/crib sheets in place to drive consistency. Children and young people and families understand what is expected of them. | | <p>Overall Progress</p> <p>CP Chairs have had dedicated sessions with SoS consultant to support provision of a more consistent approach to chairing CP Conferences; all CP Conferences in Coventry are delivered using SoS methodology.</p> <p>Maintenance is supported through regular and frequent team meetings and workshops led by Service Manager, in consultation with and input from the Signs of Safety Implementation Manager.</p> <p>Whereas IROs have also made progress in developing their style and approach – They have developed and implemented a SoS methodology approach to LAC Reviews – there is less consistency than required and they have commenced work with SoS Implementation Manager to progress this – this includes development of crib sheets.</p> <p>Impact</p> |

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| | | | | | | | | <p>The CP Chairs have developed the template used for CPCs to support consistency of use of the SoS methodology approach – this has assisted more effective use of Danger Statements, Safety Goals and Scaling questions.</p> <p>Findings from CPC Practice Observation Activity July 2018 were positive re CP Chair practice as was parental feedback.</p> <p>Evaluation of CPCs Nov 18 included feedback from families to evidence that they understand what is expected of them.</p> <p>Findings from LAC Review Practice Observations Jan 2018 included evidence of good practice as regards review being chaired well and children at the centre.</p> <p>Evaluation of SoS LAC Review Pilot April 2018 included feedback from children and families to evidence that they</p> |

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| | | | | | | | | understand what is expected of them. |
| 39.3 | Develop and implement a pilot signs of safety methodology approach to the looked after children reviewing process. | | January 2018 | CCC | Participation of children and young people in their reviews. | Evaluation of pilot identifies improvements. Views of children and young people are positive about their reviews. | | <p>Overall Progress</p> <p>The IRO Service have developed and implemented a Signs of Safety methodology approach to LAC reviews and the LAC review process.</p> <p>Signs of Safety LAC Review Pilot and Evaluation Summary Report was presented to CSLT on the 11th June 2018 and CSLT agreed with the recommendation to adopt SoS methodology for LAC Reviews in Coventry and develop action plan that incorporates the learning and recommendations from the pilot and evaluation.</p> <p>Impact</p> <p>Children and Young People participate in their reviews, through direct attendance as well as indirectly e.g. via an advocate/consultation document – performance YTD is 90%.</p> |

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| | | | | | | | | Evaluation of the pilot positive with children and young people, parents and professionals identifying a number of strengths to the model as well as some areas for learning and development. |
| 40.0 Areas for Development: Advocacy services are not used enough. (Para 90) Objective: <i>To enable all children to have access to an advocate if they need one.</i> | | | | | | | | |
| 40.1 | Commissioners to ensure that Barnardo's action plan to increase visibility of the advocacy service is closely monitored on a quarterly basis. | | March 2018 | CCC | Number of advocates being accessed. | Increase in use of advocates. | | Overall Progress Barnardo's have developed an action plan to increase the visibility of the advocacy service. The plan is being monitored by Commissioners on a quarterly basis. Actions now completed. Impact Despite all actions being completed and the additional step taken of creating an LCS form which is triggered twice yearly to prompt social workers to speak to cyp about advocacy, there has not been an increase in use of advocates. This has been raised with Barnardo's who will be bringing recommendations to the |

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| | | | | | | | | contract monitoring meeting on 29/1/19. |
| 40.2 | Report of the development of the advocacy service to be presented to the Corporate Parenting Board. | | November 2017 | CCC | Number of advocates being accessed. | Report to Corporate Parenting Board demonstrates improvement. | | <p>Overall Progress This report has been presented and agreed by the Corporate Parenting Board. Therefore this action has been completed.</p> <p>Impact As a result of this report being shared with Corporate Parenting Board they have a greater understanding of the advocacy service available to our looked after children.</p> |
| 40.3 | Barnardo's to be asked to attend the Front Line Practice Improvement Forum to promote the availability of the service to staff. | | January 2018 | CCC | Number of advocates being accessed. | Increase in use of advocates. | | <p>Overall Progress Barnardo's have attended a number of Practice Improvement Forums to raise awareness to social care staff. The decision was also reached that Looked After Children would opt out of the advocacy service as opposed to opt in. Although the service have not seen the take up of this advocacy offer by the majority of our Looked After Children.</p> <p>Impact</p> |

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| | | | | | | | | Increased understanding of staff aware of what Barnardo's service offers. Opt out model is now in place for our Looked After Children ,however, this is still to lead to increased take up of advocacy for children. |
| 40.4 | Details of the advocacy service to be included in the Menu of Services that is going to be placed on the Documents Library for staff to access information about. | | December 2017 | CCC | Number of advocates being accessed. | Increase in use of advocates. | | <p>Overall Progress</p> <p>The Advocacy and Independent Visitor Service was added to the 'menu of services' in July 2017. An email was sent out in August 2017 and December 2017 to key social care managers with leaflets about the service and an electronic link to the menu of services.</p> <p>Impact</p> <p>Increased understanding of staff aware of what Barnardo's service offers. Opt out model is now in place for our Looked After Children ,however, this is still to lead to increased take up of advocacy for children</p> |
| 41.0 Areas for Development: Many staff are relatively inexperienced, 50% have less than 2 years' experience. (Para 98) Objective: <i>To have a workforce that is experienced and stays in Coventry as well as attracting fresh recruits who can grow and develop.</i> | | | | | | | | |
| 41.1 | Review the programme of recruitment and training for newly qualified social | | April 2018 | CCC | | Balance of staffing | | <p>Overall Progress</p> <p>NQSW staffing numbers have been reviewed within the social</p> |

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| | workers (NQSW) and map impact of numbers of staff, protected caseloads and skill sets in each team. | | | | | experience in teams. | | <p>work staffing model following the service redesign.</p> <p>This includes number of NQSW's per team and experience social workers.</p> <p>Impact The Social Work Academy Team is now operational and has provided a more robust induction and professional development pathway for NQSW's.</p> |
| 41.2 | Develop and share good practice exemplars of supervision using signs of safety methodology with staff. | | January 2018 | CCC | | Good practice exemplars in place and being used. | | <p>Overall Progress Exemplars have been identified and shared. Briefing was completed by Team Managers, sharing good practice in August 2017 in the Practice Improvement Forum.</p> <p>Sofs Implementation Manager has identified good practice exemplars with team managers. These plans have been uploaded onto the documents library, and also highlighted as good practice to promote learning and development.</p> <p>Impact The frequency and timeliness of supervision has improved which</p> |

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| | | | | | | | | has been evidenced in supervision audits. Further work is ongoing to develop this further through the Signs of Safety Implementation Plan. |
| 41.3 | Undertake audits of supervision as set out in the Quality Assurance Plan. | | <u>Revised date</u> <u>March 2018</u> | CCC | 30 audits completed. Supervisions completed | Audits show improvement. | | <p>Overall Progress</p> <p>Audits of supervision were undertaken in November 2017 as set out in the Quality Assurance Framework. Whereas this demonstrated some areas of progress, overall, significant improvements were required.</p> <p>Highlight Report of the November Monthly Audit Activity was presented to CSLT on 22nd January 2018 and findings shared at Practice Improvement Forums for practitioners and managers over January 2018.</p> <p>A re audit was undertaken in March 2018 against the same cases and the findings showed there was little evidence of improvement overall in the period since the previous audit in November 2017. However, frequency and timeliness of</p> |

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| | | | | | | | | <p>supervision showed some improvement with 70% taking place regularly and in timescale compared to 55% in the previous audit.</p> <p>Operational Leads have been undertaking observations of supervision and findings will be collated at the end of January 2019, learning identified and actions for any further improvement and development required agreed.</p> <p>Impact Monthly audit activity continues to highlight supervision as an area for improvement although there has been further progress in regard to frequency and timeliness of management oversight with dashboard showing 84.4% performance YTD at end December 2018.</p> |
| 41.4 | Develop a plan for the recruitment and retention of staff. | | November 2017 | CCC | Numbers of permanent social workers. | Retention plan in place. A reduction in permanent social workers | | <p>Overall Progress There is a detailed and comprehensive plan in place.</p> <p>There have been a number of individual recruitment campaigns that have resulted in</p> |

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| | | | | | % of all posts vacant %of filled posts agency | leaving Coventry City Council. | | <p>69 appointments, and the service continue to develop and evolve new campaigns. An internal transfer policy has been implemented which enables managers to transfer social workers across the service without going through a full recruitment process.</p> <p>The assessment centre model was piloted in June and reviewed in September 2017. We now have an improved selection process and good candidate experience.</p> <p>The Social Work Career Progression Scheme was launched in December 2018. A Children's HR recruitment and retention lead has commenced in post to drive further improvement in recruitment and retention.</p> <p>Impact There is a strong recruitment and retention plan in place. The branding for Coventry as an employer of Choice for Children and Families Social Workers is clearly gathering momentum.</p> |

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| | | | | | | | | Work is ongoing to continuously review the recruitment and retention strategies. |
| 41.5 | Implement the Social Work Academy for NQSW to promote and support transition from student to assessed and supported year of assessment. | | March 2018 | CCC | Percentage of agency staff. Turnover rate of social workers. | Recruitment and Retention | | <p>Overall Progress</p> <p>Team Manager for SWA commenced in January 2018. Social Workers commenced in April 2018. First cohort for the SWA recruited in March 2018 and will commence in July 2018.</p> <p>Second cohort into the academy commenced in October 2019. Bringing total of 24 NQSW's through the academy pathway in 2018.</p> <p>Impact</p> <p>Academy is fully operational, with 24 NQSW's in the service, a plan is in place to recruit cohort 3 and cohort 4 over the next 9 months (February to September 2019).</p> |
| 42.0 Areas for Development: Not all LAC and care leavers are aware of the commitments in the Pledge. (Para 100) Objective: To ensure that all looked after children have the Pledge explained to them so that they understand the promises that are made. | | | | | | | | |
| 42.1 | Develop a Welcome Pack that includes information about the Pledge for looked after children. | | June 2018 | CCC | | All LAC and care leavers receive the Welcome Pack. | | <p>Overall Progress</p> <p>Welcome Pack which includes information about the Pledge has been completed.</p> |

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| | | | | | | Feedback from children and young people is positive. | | Impact Whilst at the LAC celebration event some children and young people reported that they liked the Welcome pack and found the information useful. |
| 42.2 | Through the Voices of Care, ensure that information about the Pledge is shared and discussed with looked after children. | | June 2018 | CCC | | Feedback from children and young people is positive. | | Overall Progress Young people have prepared and shared a number of booklets re the Pledge which are aimed at their peers. Impact VoC welcomed the opportunity to produce the booklets and other young people found the information useful. |
| 42.3 | Produce a highlight report for the Corporate Parenting Board about progress on the impact of the Pledge and any feedback received from children and young people. | | September 2017 Completed | CCC | | Feedback from children and young people is positive. | | Overall Progress This has been completed and shared with the Corporate Parenting Board. Impact See 42.1 & 42.2 for impact |
| 43.0 Areas for Development: Joint Strategic Needs Assessment (JSNA) and links with commissioning intentions are unclear. (Para 95) Objective: To ensure that the changing needs of children and families are properly reflected in joint working with Public Health. | | | | | | | | |
| 43.1 | Organise a workshop between Public Health and the Senior Leadership Team | | December 2017 Completed | CCC - | 1 workshop held. | Clear priorities identified and understood. | | Current Progress Two joint workshop sessions have been held over the last 2 |

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| | to ascertain synergies with public health and children's services priorities in the light of the transformation and re-design programme. | | | | | | | <p>years. Further workshops are arranged as business as usual.</p> <p>Impact There is evidence of greater shared learning and understanding of each other's roles.</p> |
| 44.0 Areas for Development: Annual complaints report does not cover issues in sufficient depth. (Para 101) Objective: <i>To be able to demonstrate that learning from complaints is preventing the same complaints being made over and over again.</i> | | | | | | | | |
| 44.1 | The senior leadership team to review future content that needs to be covered in the quarterly and annual complaints reports. | | December 2017 | CCC | Number of complaints. Number of compliments. | Clear themes and learning identified that informs action planning as business as usual. | | <p>Overall Progress The annual Complaints report has been reviewed by the Senior Management Team and changes agreed. Reports are produced quarterly and reviewed.</p> <p>Impact Clear themes and learning is identified through quarterly complaints reports.</p> |
| 44.2 | Undertake a review of the complaints process to ensure that it is compliant with statutory requirements. | | December 2017 | CCC | Number of complaints. Number of compliments. | Clear themes and learning identified. | | <p>Overall Progress A review of the complaints process to ensure compliant with statutory complaints has been completed. A new process was put in place from September 2017 onwards.</p> <p>Impact</p> |

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| | | | | | | | | Improvements are measured through quarterly reports and via the annual report. |
| 45.0 Areas for Development: Strengthen quality assurance activity. Objective: <i>To ensure that Coventry children's services is a learning organisation and can show improvements in practice through its quality assurance activity.</i> | | | | | | | | |
| 45.1 | Introduce a system to track audit activity and learning from monthly audit programme. | | May 2018 | CCC | Overview reports of audits completed. | Audits show improvement. Findings from audits shared with staff. | | Overall Progress <p>The Quality Assurance Framework Plan 2017 was introduced in March 2017 and provides an overview of audit activity for children's services including the monthly audit schedule.</p> <p>The QA Team have worked with an analyst from CCC to devise a new database system that strengthens the way audit activity and learning from the monthly programme can be tracked.</p> <p>A highlight report of the key findings arising out of the monthly quality assurance activity is produced and disseminated to all managers to share with staff.</p> <p>A series of workshops have been undertaken with</p> |

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| | | | | | | | | <p>managers to refresh their skills in undertaking audits and training is provided for new managers.</p> <p>Monthly audit outcomes are routinely shared with practitioners and managers at monthly Practice Improvement Forums.</p> <p>Managers have access to good practice exemplar audits to model their audit practice on.</p> <p>Social Care manager's complete audits on Protocol which means audit outcomes are immediately available to managers and lead professionals. The outcomes of audits are discussed by the auditor with the allocated worker and where required manager. Plans are in place for Early Help audits to also become electronic.</p> <p>Moderation is part of the monthly audit programme.</p> <p>Audit Action Plans are drawn up and used by managers with</p> |

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| | | | | | | | | <p>teams so that improvements can be made and to track progress of the findings from audit reports.</p> <p>Re-audits also take place to gauge whether improvements have taken place and been embedded.</p> <p>An annual audit overview report for 17/18 has been completed and shared with staff and an action plan is drawn up – managers have contributed to this.</p> <p>Impact It is acknowledged that the pace of change has not been as progressive as anticipated but audits have started to evidence some tangible improvements since June/July 2018 onwards.</p> |
| 45.2 | Strengthen audit processes, including moderation and inclusion of all managers undertaking monthly audit activity. | | May 2018 | CCC | 10% of audits moderated each month. Internal Quality | IRO's, CP chairs and early help managers included in monthly audit programme. | | <p>Overall Progress From December 2017, to strengthen the audit process, an increased number of audits were moderated for several months, moving from 10% to up to 100% some months.</p> |

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| | | | | | <p>Assurance Case Audits completed</p> <p>Internal Quality Assurance Case Audits completed % meeting good</p> | | | <p>Moderators have been providing feedback to auditors in order to aid their learning and improve quality of auditing and this has included making best use of the exemplars in the documents library.</p> <p>In addition, some auditors have been recommended to repeat the audit training programme delivered by chair of Improvement Board in conjunction with Interim Strategic Lead for Improvement.</p> <p>Impact IROs, CP Chairs and Early Help managers are included in the monthly audit programme.</p> <p>There has been an increase in completion/compliance rates of managers doing audits. There has been clear improvement in the correlation across auditors and moderators as regards audit judgements.</p> <p>The pace of change has not been as progressive as hoped/planned but audits and</p> |

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| | | | | | | | | correlating performance have started to evidence some tangible improvements in practice since June/July 2018 onwards. |
| 45.3 | Include the following areas in the children's services annual audit programme: <ul style="list-style-type: none"> • Regulation 24 (placement with friends and family) viability assessments. • Special Guardianship Order assessments and support plans. • No Recourse to Public Funds cases. • Unaccompanied Asylum Seeking Children cases. • Fostering compliance with National Minimum Standards. • Adoption compliance with National Minimum Standards. | | May 2018 | CCC | Number of overview reports of audit themes completed each month. 150 audits completed. | Audits show improvement. Findings from audits shared with staff. | | <p>Overall Progress</p> <p>No Recourse to Public Funds and Unaccompanied Asylum Seeking Children case file audits were undertaken as part of April 2018 Quality Assurance Framework monthly audit activity.</p> <p>Findings from these audits were shared with staff at the June 2018 Practice Improvement Forum and feed the learning cycle.</p> <p>The other areas have required a more bespoke approach and liaison is taking place with the relevant service areas to scope this, agree suitable tool and set out when this will be undertaken within the 2018/19 Quality Assurance Framework monthly audit activity schedule.</p> <p>Impact</p> <p>It is acknowledged that the pace of change has not been as</p> |

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| | <ul style="list-style-type: none"> Residential home compliance with National Minimum Standards. | | | | | | | progressive as anticipated but audits have started to evidence some tangible improvements since June/July 2018 onwards. |
| 46.0 Areas for Development: An agreed response to addressing gang issues. Objective: To ensure that an early response is developed to the emerging gang problem so that it can be prevented from escalating. | | | | | | | | |
| 46.1 | Develop a strategy for responding to gangs in Coventry. | | revised September 2018 | Police CCC | | Awareness of the extent of the Gangs issue in Coventry. Interventions are evidenced based. | | Overall Progress A multiagency Violence Summit will be held on 28 th of January 2019 to look at our strategic approach to youth violence and gangs. Through this the approach/plan on Serious & Organised Crime within Coventry will be updated. This will require a multi-agency approach utilising the 4Ps (Prevent/Prepare/Persue/Protect). Police now chair the Vulnerable & Missing Persons Group, to bring it in line with the CSE Operations Group with an enhanced focus on the wider aspects of Exploitation (not just CSE). |

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| | | | | | | | | <p>Work continues to evolve re: understanding and operational activity in combating of "County Lines". A multiagency mapping exercise has been undertaken and is continuing to be progressed with partners.</p> <p>Together with Partners the Police have secured funding for a number of 'preventative initiatives' and continue to look at other funding opportunities in order to expand the overall preventative strategy.</p> <p>Impact Through the School Panels the Police are heavily focused and engaged in other preventative work on support/approach to Knife Crime/Gang Affiliation etc.</p> |
| 47.0 Areas for Development: Performance Management. Objective: <i>To ensure that managers have access to management information that supports their practice and is used to measure impact.</i> | | | | | | | | |
| 47.1 | Develop performance dashboards for: <ul style="list-style-type: none"> • Early help activity. • Children in need activity. | | Revised date September 2018 | CCC | | Performance dashboards in place and used to scrutinise practice. | | Overall Progress Work on developing revised dashboards for early help and children in need activity has commenced. A dataset has been specified and some new |

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| | | | | | | | | <p>indicators have been introduced. The rest will follow when the new version of EHM is live, along with the new early help assessment.</p> <p>Impact It is too early to assess impact.</p> |
| 47.2 | Undertake a review of performance management datasets and systems (including Protocol) to ensure that they are fit for purpose and produce meaningful reports. | | September 2017 | CCC | | Performance management datasets are used by managers to focus on improving practice and outcomes for children and young people. | | <p>Overall Progress A review of the performance report has been completed with the performance team. A revised monthly performance report and critical performance indicator report is provided at each Board meeting.</p> <p>Impact Performance reports are used by managers to focus on improvements and performance is addressed via Service Performance reviews.</p> |
| 48.0 Areas for Development: Leadership Development Programme. Objective: <i>To ensure that managers have the skills to be the leaders of the future.</i> | | | | | | | | |
| 48.1 | Commission an intensive period of Coaching and Mentoring for First line managers, middle managers CP Chairs and IROs. | | March 2018 | CCC | | Independent Reviewing Officers/Child Protection Chairs service provide | | <p>Overall Progress Since January 2017, 27 managers have taken up the offer of Coaching from the following areas of the service:</p> |

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| | | | | | | <p>appropriate challenge to ensure robust care planning for children in care, promoting legal and emotional security.</p> <p>Front line practitioners and managers to understand what 'good' looks like and can articulate this in their work.</p> <p>Managers have a strong grip on performance and use data to inform practice.</p> <p>Culture of high support, high challenge, high expectations</p> | | <ul style="list-style-type: none"> 5 IRO and child protection chairs 13 team managers in social care and early help 9 service managers/operational leads <p>The number of individual coaching sessions with managers varied, ranging from 2 to 8 (as at April 2018), as did the frequency of sessions, depending on what the Coachee felt they needed. Sessions are typically up to two hours. Over 100 sessions have been delivered to date. The programme currently has 3 Coachees.</p> <p>Impact Feedback about the coaching is sought at the end of each session and Coaches are asked to complete an evaluation at the end of the programme. 12 managers have completed evaluations to date. Feedback is positive.</p> |

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| 48.2 | Commission a Social Work practice leaders development programme to complement the Corporate Leadership Programme. | | October 2017 | CCC | | Managers have a strong grip on performance and use data to inform practice. Culture of high support, high challenge, high expectations. | | <p>Overall Progress</p> <p>This action has now been completed. Children's Services have commissioned Research in Practice and Regional University Partners to deliver the Practice Supervisor Development Programme to all Team Managers across Coventry Children's Services.</p> <p>This will be delivered in 2 cohorts commencing in March 2019, with a further cohort scheduled to commence in June 2019.</p> <p>Impact</p> <p>The learning and development has been commissioned, impact on this action will be measured following the delivery of the programme.</p> |
| 48.3 | Ensure that all leaders and aspiring managers are offered the opportunity to participate in the corporate leadership programme. | | May 2018 | CCC | <p>Supervisions completed</p> <p>Appraisals completed</p> | Managers have a strong grip on performance and use data to inform practice. Culture of high support, high challenge, high expectations | | <p>Overall Progress</p> <p>All leaders across children's services have been offered a place on the LEO leadership programme. In addition managers are also attending the Licence to Practice programme which focuses on managers having a better understanding</p> |

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| | | | | | | | | <p>the HR related elements of managing their teams.</p> <p>Impact One middle manager has been promoted since attending the LEO programme</p> |

