SHROPSHIRE CHILDREN'S SERVICES POST OFSTED ACTION PLAN

Our journey of continuous improvement



'All children and young people to be happy, healthy, and safe and reach their full potential, supported by their families, friends and the wider community'

| | | | Shropshire |
|---------------|----|--|-----------------|
| February 2018 | V6 | | Council Council |
| 1 Page | | | |

Introduction

"Social workers in Shropshire are working hard to keep children safe. They work with other staff in health, education and the police services to make sure that children are listened to and, where children have concerns or are not being looked after properly, they try to make children's lives better." (Ofsted, November 2017)

"The recent inspection of Shropshire Children's Services has recognized that services to children and their families are overall 'Good'. We were pleased that the inspection recognized our improvement journey. But we are not complacent. The aim of this Post-Ofsted action plan is to further improve services and outcomes for children, young people and their families. In doing so, the action plan will address the findings made by Ofsted, clearly indicating how we will implement the 12 recommendations given following the Single Inspection Framework (SIF) in September 2017.

Alongside this plan, we have a clear vision for work with children and families, which is underpinned by our 5 Practice Priorities. In our drive towards excellent services, we follow a cycle of improvement, continuously reviewing and testing our practice and oversight to ensure that we are making progress and creating actions to address our priority areas." Karen Bradshaw, Director of Children's Services

"Ofsted determined in its Report last November that services to safeguard children in Shropshire are good. That was a considerable achievement putting Shropshire in the top 30% of Local Authorities in England. But more needs to be done to address those service areas where improvements are needed so that standards continue to rise. We cannot afford to be complacent. This Action Plan shows where we want to go and how we plan to get there." **Councillor Nick Bardsley, Lead Member for Children's Services**

Governance and Accountability

Together with my senior management team we will take responsibility for the delivery of our plan. We will monitor improvements in performance and practice, measuring progress of our plan quarterly at our DCS Quality and Performance Meetings with Service Managers and through quarterly Performance and Quality Meetings with Team Managers. The People Scrutiny Committee will lead on the challenge of the delivery of our plan, scrutinising progress of the plan by way of a quarterly update. The strategies and plans that sit underneath this are monitored at appropriate Boards or other governance structures. **Karen Bradshaw, Director of Children's Services**

Our Vision, Priorities and Principles

Our vision: 'All children and young people to be happy, healthy, and safe and reach their full potential, supported by their families, friends and the wider community'

Our 5 Priorities What is important and what success will look like

• Plans and Planning

- ✓ Every child will have an up to date plan
- ✓ Plans will be under pinned by an assessment and will be outcome focused
- ✓ Children, young people and families will be clear about what is expected of them
- ✓ Clear contingency plans are in place
- ✓ Plans will be at the heart of our work with children and their families

Management Oversight

- Managers will ensure evidence of regular management oversight and reflective supervision on all case files
- ✓ Workers will be supported and have access to good quality reflective support
- ✓ Workers will be able to access management support when needed
- ✓ Key decisions taken outside supervision will be recorded on the case file

Assessments

- Social work assessments will be child focused and informed by the views of the child
- Assessments will contain robust analysis of risks and protective factors which inform plans for each child

Core Groups

- ✓ Core Groups will take place regularly and will review and progress plans for children
- Each core group will review the child's plans and will agree actions to be undertaken by parents and the core group
- ✓ Where insufficient progress has been made, this will be recognized and appropriate action agreed and taken
- \checkmark Core Groups will use effective step down processes
- ✓ Minutes will be sent out to all professionals and parents following each core group meeting

• Visits

- ✓ Visits will be timely, purposeful and include work which creates change for families
- ✓ Children will be seen alone
- \checkmark Children's wishes and feelings will be clearly recorded.

Shropshire Council Mission

To be an excellent organization working in partnership to protect the vulnerable, create economic growth and support communities to be resilient.

Senior Management Priorities:

- Reduce Caseloads
- Ensure all workers are supported and there is robust management oversight on all cases.
- Ensure that we are only working with and looking after those children that we need to.
- Provide workers with the right tools to do the job IT system, processes and systems and training.

Safeguarding Board Priorities:

- Domestic Abuse
- CSE and Missing
- Neglect

RECOMMENDATION 1:

Ensure that a clear system is established to enhance management oversight of initial contacts, so as to avoid any delays and to monitor timeliness and effectiveness.

Summary from Ofsted Inspection:

- Thresholds are well established and applied consistently, resulting in proportionate action to protect children. An effective and mostly timely response is provided when concerns for children are raised with the Compass service, which is where all enquiries are received about concerns for the welfare or protection of children and young people.
- Consent to share information is understood well and appropriately sought in the majority of cases seen by inspectors.
- In a small number of cases, some delays occur when parental consent and/or more information is needed for lower-level concerns but has not been sought already by the referrer. The impact of this for children is that there is sometimes a delay in progressing a contact and in determining the threshold for a referral.
- Inspectors saw evidence of appropriate management oversight and decision-making within the Compass team.
- However, a clearer, more structured system would ensure tighter monitoring of any future delays for children and their families.

| Ref | Actions | Expected Impact/Outcome | Impact | Lead and | Progress to date | Progress | Impact |
|-----|---|--|-------------|---------------|--|----------|--------|
| | | | Measure | Timescale | | RAG | RAG |
| 1.1 | Guidance to be written and implemented | Reduction of contacts taking more | Audit | Jeanette Hill | Piloted in December | | |
| | for RAG/Traffic light system of initial | than 5 days. | Performance | 08/01/2018 | 2017, Live on | | |
| | decisions on contacts, which includes a 3 | This will result in timely decisions | Information | | 08/01/2018 | | |
| | and 5 day review. | being made on concern forms where | | | | | |
| | | consent or further information is | | | | | |
| | | required from the family or referrer. | | | | | |
| 1.2 | Weekly audit of contacts by the service | Consistency of practice in relation to | Audit | Jeanette Hill | Compass Service | | |
| | manager and review of Performance | contacts within the service and no | Performance | To commence | Manager weekly audits | | |
| | Information to monitor compliance with | delay found in progressing contacts | Information | from 08/01/18 | are already embedded | | |
| | protocol and impact on timescales. | and determining threshold for | | | within the Quality Assurance Framework. | | |
| | Outcome of audits to feed into Quality | referral. | | | | | |
| | Assurance Feedback for oversight and | | | | | | |
| | scrutiny. | | | | | | |

RECOMMENDATION 2:

Ensure that all children have information added to their electronic records regardless of the level of concern, particularly for domestic abuse level one notifications, and that records completed by the emergency duty team are immediate.

Summary from Ofsted Inspection:

- Domestic abuse notifications are received and considered daily by the multi-agency domestic abuse triage meeting in the Compass service, consistently attended by a wide range of key partners.
- Recent changes to commissioning arrangements for health colleagues are designed to enable them to attend on a regular basis from November 2017, giving a more robust contribution to the decision-making to protect children.
- However, there is no recording on children's files of lower-level concerns, where the child is not known to the local authority. This affects the local authority's ability to provide a comprehensive chronology from the earliest concern and to inform future decision-making.
- The emergency duty team provides an effective out of office hours response, but children's records are not always immediately updated. This means that up-to-date information is not available for staff if they need to make urgent decisions.

| Ref | Actions | Expected Impact/Outcome | Impact Measure | Lead and | Progress to date | Progress | Impac |
|-----|--|------------------------------------|----------------|-----------------|------------------|----------|-------|
| | | | | Timescale | | RAG | t RAG |
| 2.1 | All domestic abuse Level 1 incidents to | Strengthened decision making for | Audit | Jeanette Hill | | | |
| | be recorded as an observation on | individual children and | | 01/02/2018 | | | |
| | children's files and duplicated across | incorporation of history in all | | | | | |
| | siblings. | children's assessments. | | | | | |
| 2.2 | Workflow to be developed in Liquid | Comprehensive chronologies on | Audit | Jeanette Hill | | | |
| | Logic, which allows all notifications to | children's files identifying all | | 05/11/2018 | | | |
| | be recorded. | incidents where children have | | | | | |
| | | experienced domestic abuse. | | | | | |
| 2.3 | All case file records to be updated by the | Case recording which is up-to-date | Audit | Fiona | | | |
| | emergency duty team on children's case | and enables workers to make | | Adamson/Lindsey | | | |
| | files before the completion of the shift. | urgent decisions based on current | | Huxtable | | | |
| | | information. | | 01/11/2017 | | | |
| | | | | | | | |

RECOMMENDATION 3:

Ensure that all brother and sister groups have a case record as a result of a contact received in the Compass service.

- Thresholds are well established and applied consistently, resulting in proportionate action to protect children.
- An effective and mostly timely response is provided when concerns for children are raised with the Compass service, which is where all enquiries are received about concerns for the welfare or protection of children and young people.
- While case recording was up to date, only information for the eldest child in a sibling group is recorded on concerns forms, so information about any younger brothers and sisters is not separately recorded or available for future reference on the electronic system.

| | Actions | Expected Impact/Outcome | Impact Measure | Lead and Timescale | Progress to date | Progress RAG | Impact RAG |
|-----|---|--------------------------------------|-------------------|-----------------------|------------------|-----------------|---------------|
| 3.1 | New concerns forms raised on cases | All concerns forms available on | Audit | Jeanette Hill | | RAG | RAG |
| | which are not open, to be duplicated | relevant children for future | Performance | 01/03/2018 | | | |
| | onto each child, and completed in | reference, enabling appropriate | Information | | | | |
| | Compass when authorising | decision making, assessment and | | | | | |
| | | action. | | | | | |
| 3.2 | Concerns forms raised on open cases to | All concerns forms available on | Audit | Jeanette | | | |
| | be added by Compass who will | relevant children for future | Performance | Hill/Steve | | | |
| | duplicate the concerns forms and then | reference, enabling appropriate | Information | Ladd/Elaine | | | |
| | assign to the relevant team for | decision making, assessment and | | Storey | | | |
| | authorisation | action. | | 01/03/2018 | | | |
| 3.3 | On all new or closed cases Compass | Connections between family | Audit | Jeanette Hill | | | |
| | Coordinator role to add all household | members clearly visible and included | Performance | 01/03/2018 | | | |
| | relationships and Compass staff (SSW, | in decision making for families. | Information | | | | |
| | EHSW, TYS, CSE lead) will complete and | | | | | | |
| | duplicate including EH consultations as | | | | | | |
| | appropriate | | | | | | |
| 3.4 | Ensuring all relevant Shropshire | All workers will have a clear | Audit | Siobhan Hughes | | | |
| | Council procedures are updated to | understanding of the processes, with | | 01/06/2018 | | | |
| | capture changes in operational | clarity on role responsibilities. | | | | | |
| | practice | | | | | | |

RECOMMENDATION 4:

Ensure that assessments for children looked after and their families are comprehensive and analytical, to effectively inform timely care plans and decision-making.

- Children become looked after when they need to be, in a planned and mostly timely way, and in response to escalating risks.
- Most assessments help to inform correct decision-making.
- A small number of assessments do not always contain enough detail so that plans for children to be looked after are sufficiently purposeful and clear enough, particularly for young babies.
- Most assessments (LAC), while undertaken regularly for reviews, are not sufficiently detailed in terms of considering all relevant information, critical evaluation and analysis, although a small number of excellent children's assessments were seen by inspectors.
- Management oversight does not systematically influence and improve the quality of assessments or care plans.

| Ref | Actions | Expected Impact/Outcome | Impact | Lead and | Progress to date | Progress | Impac |
|-----|--|--------------------------------------|---------|----------------|------------------|----------|-------|
| | | | Measure | Timescale | | RAG | t RAG |
| 4.1 | Looked After Child Assessment | Analytical assessments which | Audit | Elaine | | | |
| | workshops to be delivered, | appropriately assess the needs of | | Storey/Lisa | | | |
| | consolidating learning from Martin | the individual looked after children | | Preston/Donna | | | |
| | Calder training in the context of LAC. | and identify need. | | Chapman | | | |
| | To be attended by all social workers. | | | 01/05/2018 | | | |
| 4.2 | Action learning set to take place with | Quality Assurance activity | Audit | Donna | | | |
| | team managers focusing on the Quality | undertaken by managers to be | | Chapman / | | | |
| | Assurance of assessments. | evident on the case file and clearly | | Siobhan Hughes | | | |
| | | improving the quality of | | 01/05/2018 | | | |
| | | assessments. | | | | | |
| 4.3 | New assessment template for looked | A LAC assessment template which | Audit | Siobhan | | | |
| | after children to be developed as part | enables robust assessment and | | Hughes | | | |
| | of Liquid Logic Implementation in | analysis. | | 04/11/2018 | | | |
| | consultation with social workers and | | | | | | |

| Ref | Actions | Expected Impact/Outcome | Impact Measure | Lead and Timescale | Progress to date | Progress RAG | Impac t RAG |
|-----|--|--|-------------------------------------|---|------------------|-----------------|----------------|
| | team managers. | | | | | | |
| 4.4 | All workers and managers to have access to Research in Practice to link theory and research to practice. | LAC assessments will contain more evidence of relevant research and theory. | Audit | Donna Chapman 01/07/2018 | | | |
| 4.5 | Rag rating process to be revised to ensure that assessments for looked after children are comprehensive, timely and inform care plans and decisions for looked after children. | The scrutiny of assessments by the IROs will be evident on case files and improvements will be seen in critical evaluation and analysis contained in future assessments. | Audit Performance Information | Siobhan Hughes/Lisa Kelly 01/05/2018 | | | |
| 4.6 | Child Journey Audit Tool to be amended to ensure that it reflects expectations in relation to assessment and planning for looked after children. | The ability to review progress in this area and to ensure that we are providing social workers and Team managers with the right tools/knowledge to undertake robust assessments in respect of looked after children. | Audit Review | Siobhan Hughes 01/03/2018 | | | |

RECOMMENDATION 5:

Ensure that all plans, including children in need plans, child protection plans, care plans and pathway plans, have clear overall objectives and timely specific actions.

- In most cases, assessments lead to child-specific care plans. Children who are subject to child in need or child protection plans have their plans reviewed regularly. A robust and clear protocol for consideration of risks and concerns, or 'step up' or 'step down' arrangements, ensures that consideration is given at each review so that children are safe and receive the most appropriate intervention.
- A small number of plans are too long. They contain generic or unrealistic actions with unclear timescales. The use of the terms 'ongoing' and 'to be reviewed at core group' does not assist families or professionals to understand the timescales in which change must occur for the child.

| Ref | Actions | Expected Impact/Outcome | Impact Measure | Lead and Timescale | Progress to date | Progress RAG | Impact RAG |
|-----|---|--|--|--|------------------|-----------------|---------------|
| 5.1 | Outcome focused planning workshop to take place with all IROs and CP Chairs, Team Managers, Social Workers, PA's and Virtual School – delivered by Research In Practice | Outcome focused LAC plans to be created by social workers and given additional quality assurance by IROs. Concise and SMART CP plans initiated by CP Chairs. SMART PEPS's to be in place for every school aged Looked after Child. All children to have an up to date plan which is progressing in line with their needs, with clear timescales and which is outcome focused. | Audit | Siobhan Hughes/Donna Chapman 01/04/2018 | | | |
| 5.2 | The virtual school will be part of induction training for all social workers with a focus on quality of PEPS's. | The Virtual Head will feedback data on PEP quality, to include number of social workers using PEP's, PEP's within timescales, student participation and SMART targets. | Audit, use of ePEP Dashboard data and QA by Virtual Head | Rose Hooper 01/02/2018 | | | |
| 5.3 | Develop practice guidance on how to write a SMART outcome focused plan | Social workers will have an easily accessible guide to writing an | Audit | Siobhan Hughes/Pippa | | | |

| | including Do's, Don'ts, hints and tips. | outcome focused plan, improving | | Murphy | | |
|-----|--|---------------------------------------|--------|-------------------|--|--|
| | | the quality of outcome focused | | 01/04/2018 | | |
| | | plans. | | | | |
| 5.4 | Revise plan templates as part of the | All children's plans will be written | Review | Siobhan | | |
| | Liquid Logic and consult children, | in an outcome focused style, which | | Hughes/Lisa Kelly | | |
| | young people and their families in this. | families are able to understand. | | 01/11/2018 | | |
| 5.5 | Importance of data recording | All workers will understand the | Audit | Donna Chapman | | |
| | workshops to be held with | importance of recording on | | 01/07/2018 | | |
| | practitioners by legal services. | children's files and recording will | | | | |
| | | improve. | | | | |
| 5.6 | Principal Social Worker to undertake | Workers will understand | Audit | Siobhan Hughes | | |
| | Pathway Plans with ASYEs, creating | expectations for good quality | | 01/10/2018 | | |
| | good examples of Pathway Plans. | Pathway Plans and ASYEs will | | | | |
| | | develop skills to consistently create | | | | |
| | | good pathway plans. | | | | |
| 5.7 | Pathway Planning workshop to take | Workers will have the skills to | Audit | Siobhan | | |
| | place with all relevant teams | create high quality pathway plans | | Hughes/Elaine | | |
| | | and improvement shown in | | Storey | | |
| | | auditing. | | 01/05/2018 | | |
| 5.8 | Bi-annual themed audit of 25 plans to | Understanding of the quality of | Audit | Siobhan Hughes | | |
| | take place across children's services as | children's plans across children's | | 30/07/2018 | | |
| | part of the Quality Assurance | services and individual feedback | | | | |
| | Framework to ensure that they are | and support created for workers. | | | | |
| | SMART and outcome focused. | | | | | |

RECOMMENDATION 6:

Ensure that effective management oversight and case supervision influence and ensure the achievement of children's plans. Summary from Ofsted Inspection:

• Management oversight is clearly evident through regular and effective formal supervision.

• Most supervision records contain reflection on practice, with clear actions for social workers to progress.

- However, the quality of these records in some of the case management teams is not as clear in terms of monitoring children's plans and progressing to achieve outcomes effectively.
- Management oversight does not systematically influence and improve the quality of assessments or care plans. This results in delays to achieve actions that would improve outcomes for children.

| Ref | Action | Expected Impact/Outcome | Impact | Lead and | Progress to date | Progress | Impact |
|-----|--|-------------------------------------|---------|------------------|------------------|----------|--------|
| | | | Measure | Timescale | | RAG | RAG |
| 6.1 | Monthly supervision folder audits to | Quality of supervision recorded to | Audit | Siobhan Hughes | | | |
| | take place as part of the Quality | improve, shown by quarterly QAF | | 01/02/2018 | | | |
| | Assurance Framework | reporting. | | | | | |
| 6.2 | Implement the revised supervision | Quality of supervision recorded | Audit | Siobhan Hughes | | | |
| | policy, including observations of | and observed to improve, shown | | 01/03/2018 | | | |
| | supervision. | by quarterly QAF reporting. | | | | | |
| 6.3 | LAC planning checklist to be utilised as | Thorough LAC planning and | Audit | Lisa Kelly/Pippa | | | |
| | a tool for workers and managers in | completion of actions to take place | | Murphy | | | |
| | supervision. | for every LAC child and young | | 30/03/2018 | | | |
| | | person in a timely way. | | | | | |
| 6.4 | Managers to undertake regular | Manager have an accurate picture | Audit | Siobhan Hughes | | | |
| | practice observations as part of the | of practice and supporting the | | 01/03/2018 | | | |
| | Quality Assurance Framework. | development of this is evident in | | | | | |
| | | supervision. | | | | | |
| 6.5 | Decision making and supervision action | A consistent approach to decision- | Audit | Siobhan Hughes | | | |
| | learning sets to take place for team | making and supervision across | | 01/04/2018 | | | |
| | managers. | teams shown by the QAF auditing | | | | | |
| | | schedule. | | | | | |
| 6.6 | Team Managers to ensure that copies | Plans for children clearly | Audit | Siobhan | | | |
| | of children's plans are discussed in | monitored and progressed by | | Hughes/Steve | | | |
| | supervision. | managers, shown by supervision | | Ladd/Elaine | | | |
| | | recordings. | | Storey | | | |
| | | | | 01/04/2018 | | | |

| Ref | Action | Expected Impact/Outcome | Impact | Lead and | Progress to date | Progress | Impact |
|-----|--|----------------------------------|-------------|----------------|------------------|----------|--------|
| | | | Measure | Timescale | | RAG | RAG |
| 6.7 | Core Group guidance and frequency to | Managers having more opportunity | Audit | Siobhan | | | |
| | be revised, to reduce number of core | for oversight of core groups and | Performance | Hughes/Colleen | | | |
| | groups taking place and increase | review of plans with reduced | Information | Male | | | |
| | quality. | numbers. | | 26/02/2018 | | | |
| 6.8 | Reflective practice cards to be utilised | Clear reflection recorded in | Audit | Siobhan Hughes | | | |
| | through supervision to support | supervision. | | 30/03/2018 | | | |
| | workers to carry out planned and | | | | | | |
| | purposeful work. | | | | | | |
| 6.9 | All team managers without a | Team managers enrolled on a | Review | Donna | | | |
| | management qualification to be | management training course which | | Chapman | | | |
| | offered this through the apprenticeship | enables them to become skilled | | 01/12/2017 | | | |
| | levy. | and effective managers, who have | | | | | |
| | | a clear impact on practice. | | | | | |

RECOMMENDATION 7:

Ensure that arrangements for permanence planning are robust and that permanence plans progress within the child's timescale, to avoid children experiencing delays.

- The local authority recognises that more needs to be done so that children who are long-term fostered have their care confirmed by formal decision making about permanence, and so that any uncertainty that they may experience while waiting for a decision is minimised.
- In a small number of cases, there was some drift and delay for children waiting to be found long term carers, and a greater focus on purposeful and targeted family finding is required.
- Services for children who need permanence, but for whom adoption is not appropriate, are not yet consistent enough.
- The service is developing a permanence tracker. This includes all children who have a permanence plan, with the aim of strengthening senior and team management oversight and the grip on permanence activity other than adoption
- Independent reviewing officers (IROs) regularly review care plans, and more robust and recent scrutiny is beginning to improve practice, particularly for permanence.
- The independent reviewing service has recently established a red, amber and green (RAG) rating escalation process to introduce more robust scrutiny and to address less effective care planning. In most cases where concerns are escalated, this results in a positive impact for children. This

escalation process is beginning to improve practice, particularly in relation to permanence planning for children who do not have an adoption care plan.

| Ref | Actions | Expected Impact/Outcome | Impact Measure | Lead and Timescale | Progress to date | Progress RAG | Impact RAG |
|-----|---|-------------------------------------|-------------------|-----------------------|-------------------------|-----------------|---------------|
| 7.1 | Permanence policy to be refreshed | Permanency Policy will enable | Audit | Lisa Preston | Permanency Policy has | | |
| | | social workers and managers to | | 01/02/2018 | been updated and | | |
| | | understand the principles of | | | shared with Team | | |
| | | permanency planning and how | | | Managers 06/12/17 | | |
| | | these apply to individual cases and | | | | | |
| | | all permanency planning will be | | | | | |
| | | timely. | | | | | |
| 7.2 | All Looked After Children to have a | All Looked After Children to have a | Audit | Lisa Kelly/ | | | |
| | Permanency Plan following their 2 nd | Permanency Plan following their | | Siobhan Hughes | | | |
| | Statutory Review | 2 nd Statutory Review | | 02/03/2018 | | | |
| | | | | | | | |
| 7.3 | All children moving into long term | All children moving into long term | Audit | Lisa Preston | | | |
| | fostering to be formally matched with | fostering will be in a placement | | 01/02/2018 | | | |
| | their long term foster carer. | suitable to their needs | | | | | |
| 7.4 | Permanence Strategy to be embedded. | A clear vision and strategic | Review | Lisa Preston | Permanency Strategy | | |
| | | approach across children's services | | 01/02/2018 | has been drafted and is | | |
| | | to improve approach to | | | out for consultation. | | |
| | | permanency. | | | | | |
| 7.5 | Implementation of the permanency | Ensure that there is management | Audit | Lisa Preston | | | |
| | tracker. | oversight of all cases where | | 01/02/2018 | | | |
| | | permanency outside the birth | | | | | |
| | | family is required and to track and | | | | | |
| | | monitor the progression of the | | | | | |
| | | permanence plans, preventing | | | | | |
| | | delay. | | | | | |

| Ref | Actions | Expected Impact/Outcome | Impact Measure | Lead and Timescale | Progress to date | Progress RAG | Impact RAG |
|-----|--|-----------------------------------|-------------------|-----------------------|------------------|-----------------|---------------|
| 7.6 | Permanence Forum to go live | Clear evidence that plans for | Audit | Lisa Preston | | | |
| | | permanency are expedited post | | 15/01/2018 | | | |
| | | LAC review. | | | | | |
| 7.7 | Lunchtime briefings 'matching to long | All relevant staff to have an | Audit | Lisa Preston | | | |
| | term fostering' on CPR's and | understanding of the fundamentals | | 01/04/2018 | | | |
| | embedding the permanence agenda in | of Permanency and able to create | | | | | |
| | the implementation of children's care | good quality CPRs. | | | | | |
| | plans. | | | | | | |
| 7.8 | Review of the structure of CPS. | A clear focus on the permanency | Audit | Lisa Preston | | | |
| | | agenda and transference of good | | 01/04/2018 | | | |
| | | practice from adoption to long | | | | | |
| | | term fostering. | | | | | |
| 7.9 | Plans for permanence to be included in | Understanding of the quality of | Audit | Siobhan Hughes | | | |
| | the Quality Assurance Framework | children's plans for permanence | | / Lisa Preston | | | |
| | auditing schedule. | and actions developed to | | 01/04/2018 | | | |
| | | continuously improve these | | | | | |

RECOMMENDATION 8:

Ensure that children who are looked after have assessed contact agreements with their families that are sufficiently detailed and ensure that contact supervisors are specifically trained in supervision.

- While family contact for children is promoted and most children see their families, assessments do not evidence careful enough consideration of children's contact needs.
- Most contact agreements seen by inspectors did not sufficiently set out the details of practical arrangements, the focus for the contact or its outcomes.
- Contact supervisors are not specifically trained in supervision.
- The local authority already had plans to review this service, but this had not happened by the time of the inspection.

| Ref | Action | Expected Impact/Outcome | Impact Measure | Lead and Timescale | Progress to date | Progress RAG | Impact RAG |
|-----|---------------------------------------|--|-------------------|-----------------------|------------------|-----------------|---------------|
| 8.1 | Contact policy and procedures to be | Clear expectations and guidelines, | Audit | Elaine Storey | | NAG | hag |
| | revised and embedded across | which creates good practice in | | 01/04/2018 | | | |
| | children's services. | looked after children's contact. | | | | | |
| 8.2 | Templates for contact including | Contact agreements that are | Audit | Elaine Storey | | | |
| | assessment contact agreement to be | sufficiently detailed to enable good | | 01/04/2018 | | | |
| | revised and embedded. | practice in supervised contact. | | | | | |
| 8.3 | Contact agreement to be reviewed at | The levels of contact provided to | Audit | Elaine | | | |
| | second LAC review as part of | each individual child will reflect the | | Storey/Steve | | | |
| | permanence planning. | child's needs and care plan at that | | Ladd | | | |
| | | time. | | 01/03/2018 | | | |
| 8.4 | Children, young people and their | Contact agreements, which include | Audit | Elaine Storey | | | |
| | families to be included in contact | families and set out details of | | 01/04/2018 | | | |
| | agreements and invited to initial and | contact and expectations on all | | | | | |
| | review meetings. | parties. | | | | | |
| 8.5 | Contact workers and all workers who | All workers undertaking contact to | Audit | Siobhan | | | |
| | regularly undertake contact to be | be able to carry out high quality | | Hughes/Elaine | | | |
| | trained in supervising and assessing | contact and assessment and | | Storey | | | |
| | contact. | analysis of contact. | | 01/06/2018 | | | |

RECOMMENDATION 9:

Improve children's engagement and participation and ensure that information shared and numbers of children participating in their child protection conferences are collated for future learning and service delivery.

- Child protection conferences are timely. They are sensitively and effectively chaired and well attended, and they facilitate effective information sharing and engagement by partner agencies. Conference chairs use a red, amber and green (RAG) rating of practice following case conferences. This provides additional management oversight and feedback to social workers, and leads to improvements in practice.
- Arrangements for children to participate in their child protection case conferences are weak.
- Some children are supported to contribute to their plans, or to attend their meetings, and a commissioned advocacy service is available. However,

the local authority does not capture specific data or information around children's participation in case conferences to inform future service delivery or learning.

| Ref | Action | Expected Impact/Outcome | Impact | Lead and | Progress to date | Progress | Impac |
|-----|---|---------------------------------------|--------------|---------------|------------------|----------|-------|
| | | | Measure | Timescale | | RAG | t RAG |
| 9.1 | Children and young people's | More children and young people to | Performance | Lisa Kelly | | | |
| | participation in case conferences to be | participate in their Child Protection | Information | 01/03/2018 | | | |
| | monitored on a monthly basis and broken | Conferences and their views to be | Audit | | | | |
| | down by team and worker to identify any | collated and incorporated in Service | | | | | |
| | barriers. | User Feedback Reports. | | | | | |
| 9.2 | The Service User impact project to ensure | Greater focus by all services on | Performance | Fran Doyle | | | |
| | the prioritisation of young people's | service user participation, ensuring | Information | 27/07/2017 | | | |
| | participation and consultation. | that children's voices are collated | Review | | | | |
| | | and heard and utilised to improve | | | | | |
| | | service delivery and practice | | | | | |
| | | improvement. | | | | | |
| 9.3 | Child Protection Conference style to be | A conference style which will | Performance | Lisa | | | |
| | reviewed and revised to embed | encourage children and parent's | Information | Kelly/Siobhan | | | |
| | relationship based practice. | engagement in child protection | Review | Hughes | | | |
| | | conferences. | Service User | 01/05/2018 | | | |
| | | | Feedback | | | | |
| 9.4 | Hold conferences in schools (more | Increased participation in case | Performance | Lisa Kelly | | | |
| | community based venues that are child | conferences by young people. | Information | 01/04/2018 | | | |
| | friendly) | | Service User | | | | |
| | | | Feedback | | | | |
| 9.5 | Review all tools for gathering the views of | Increased understanding of service | Performance | Lisa Kelly | | | |
| | service users prior to child protection | users views for conferences. | Information | 01/04/2018 | | | |
| | conferences and utilisation of these to be | | Review | | | | |
| | reported at a team level. | | Service User | | | | |
| | | | Feedback | | | | |
| 9.6 | Discussions between chair and social | Increased participation in case | Performance | Lisa Kelly/ | | | |

| Ref | Action | Expected Impact/Outcome | Impact Measure | Lead and Timescale | Progress to date | Progress RAG | Impac t RAG |
|-----|--|-------------------------------------|-------------------|-----------------------|------------------|-----------------|----------------|
| | worker ahead of the meeting to | conferences of young people and | Information | Siobhan Hughes | | | |
| | determine the level of the child or young | demonstrable consideration of their | Audit | 01/03/2018 | | | ſ |
| | person's participation in the conference | needs in being heard on case files. | Service User | | | | ſ |
| | to be recorded on the case files. | | Feedback | | | | |
| 9.7 | Explore potential for use of different | Increased capturing of children and | Performance | Fran Doyle | | | |
| | multi-media to capture children's feelings | young people's views. | Information | 01/03/2018 | | | |
| | in this process (discuss feedback of use | | Service User | | | | ſ |
| | on CDT) | | Feedback | | | | |
| 9.8 | Increased drive on advocacy | Increased numbers of young people | Performance | Lisa Kelly | | | |
| | services/inclusion to support children | utilising advocacy. | Information | 01/04/2018 | | | |
| | (send advocacy, leaflets out with | | | | | | |
| | minutes) (have conversations with child | | | | | | |
| | on advocacy). | | | | | | ľ |
| 9.9 | Track the use of advocacy and ensure | Increased numbers of young people | Performance | Lisa | | | |
| | that reasons why young people do not | utilising advocacy and reasons why | Information | Kelly/Siobhan | | | |
| | want an advocate are recorded on the | young people do not want advocacy | Audit | Hughes | | | |
| | young person's case file. | clearly understood. | | 01/03/2018 | | | |

RECOMMENDATION 10:

Ensure that care leavers have the opportunity to access apprenticeships to increase their opportunities for education, employment and training.

- More care leavers are staying in education, employment or training immediately after they reach 18, but the proportion declines for older care leavers.
- The local authority has been slow to roll out an apprenticeship offer for care leavers, despite being a participant in the 'New Beginnings' initiative. At the time of the inspection, only one care leaver (now a graduate) was registered for an apprenticeship. The leaving care team has identified 14 care leavers who have the potential to be candidates for an apprenticeship. This is now being progressed at corporate parenting board level to ensure that the offer of apprenticeships is not subject to further drift.

| Ref | Actions | Expected Impact/Outcome | Impact Measure | Lead and Timescale | Progress to date | Progress RAG | Impact RAG |
|------|---------------------------------------|------------------------------------|-------------------|-----------------------|------------------|-----------------|---------------|
| 10.1 | Establish a corporate commitment to | Suitable opportunities for Care | Review | Clive Wright | | | |
| | providing Care Leavers with the | Leavers across Shropshire Council. | | 01/02/2018 | | | |
| | opportunity to access apprenticeships | | | | | | |
| | across Shropshire Council. | | | | | | |
| 10.2 | Establish a cross Directorate | Increased numbers of LAC | Review | Karen | | | |
| | apprenticeship group, chaired by the | apprenticeships being offered to | | Bradshaw/Michelle | | | |
| | DCS to agree a clear process for the | young people | | Leith | | | |
| | identification across the council of | | | 01/02/2018 | | | |
| | LAC apprenticeships. | | | | | | |
| 10.3 | Representative of children's services | Increased opportunities for LAC | Review | Donna Chapman | | | |
| | to attend the monthly apprenticeship | young people to access | | 01/02/2018 | | | |
| | levy board meetings. | apprenticeships. | | | | | |

RECOMMENDATION 11:

Improve the arrangements for preparing care leavers for independent living, ensuring that they have appropriate opportunities for participation and that they know what support they can expect under the Shropshire pledge.

- The support provided to care leavers when they consider that they are ready to move into independent accommodation is not always effective enough to ensure that these moves are successful. The local authority has recognised the need to provide more advice and guidance to its care leavers, and recently opened a drop-in facility in early September 2017 in Shrewsbury. As this is so new, it is too early to see any impact or its effectiveness. Supported accommodation providers offer training whenever a young person is ready or expresses a wish to move on. In order to offer more support, a training flat to help to ensure that young people are as ready as they can be for full independence is being developed by the local authority, although it is not yet in place.
- Care leavers do not have an active forum in which to celebrate their achievements or share their experiences with one another. They are aware of such opportunities for younger children in care, but do not consider these to be appropriate for them.
- Despite the efforts by the local authority to circulate relevant information to them, care leavers met by inspectors had little awareness of their entitlements. The Shropshire local offer, or the 'Pledge', was approved by the corporate parenting panel in September 2017. However, the information provided to young people does not make clear the level of financial support that they can expect, for example to set up home, contribute to transport costs, use gym or sports facilities, or for related expenses if they are accepted for a place at university.

| Ref | Actions | Expected Impact/Outcome | Impact Measure | Lead and Timescale | Progress to date | Progress RAG | Impact RAG |
|------|--|---|------------------------------------|--|------------------|-----------------|---------------|
| 11.1 | Develop Independence and life skills programme with all care providers that will deliver a consistent programme of independence for our care leavers. | Young people who are prepared for independence and are tenant ready. | Audit | Elaine Storey 01/06/2018 | | | |
| 11.2 | Create a marketplace for providers of temporary accommodation to buy into the independence programme to ensure that they tenancy ready. | Young people who are prepared for independence and able to access accommodation. | Audit | Elaine Storey 01/06/2018 | | | |
| 11.3 | Recruit and induct 2 new Care Leaving Ambassadors | Two Care Leaving Ambassadors to work alongside LA staff in improving services to Looked After Children and Care Leavers. | Audit Service User Feedback | Fran Doyle/ Elaine Storey 01/06/2018 | | | |
| 11.4 | Care Leavers pledge to be revised to ensure that it is compliant with guidance and sets out clearly what Care Leavers can expect when they leave local authority care. | Care Leavers are aware of their entitlements and what support is available to them. | Review Service User Feedback | Elaine Storey 01/06/2018 | | | |

RECOMMENDATION 12:

Ensure that all homeless young people aged 16 and 17 years are offered appropriate accommodation.

- Social workers undertake appropriate assessments for homeless 16- and 17 year-olds.
- However, they are not always timely enough, meaning that, when suitable alternative accommodation is necessary, any decision that a young person should become looked after is not always considered as quickly as possible.

• A small number of young people in the last year have been placed inappropriately in bed and breakfast accommodation until more permanent arrangements could be made.

| Ref | Actions | Expected Impact/Outcome | Impact | Lead and | Progress to date | Progress | Impact |
|------|---------------------------------------|-------------------------------------|----------------|---------------|------------------|----------|--------|
| | | | Measure | Timescale | | RAG | RAG |
| 12.1 | Continue to work closely with Housing | 16 and 17 year old homeless young | Audit | Jeanette Hill | | | |
| | Options to ensure that joint | people are assessed in a timely way | Performance | 01/11/2017 | | | |
| | assessments are immediate and | and are consistently placed in | Information | | | | |
| | appropriate efforts are made to gain | suitable accommodation. | | | | | |
| | suitable accommodation | | | | | | |
| 12.2 | Housing to employ a Children and | To work alongside Children's | Data and audit | Laura Fisher | | | |
| | Young Person's Coordinator post on a | Services and offer immediate | information | 01/06/2018 | | | |
| | two years fixed term contract. | support to homeless 16 & 17 year | | | | | |
| | | olds to enable them to return | | | | | |
| | | home, or to support young people | | | | | |
| | | who refuse Local Authority | | | | | |
| | | accommodation under S20 or who | | | | | |
| | | do not meet the threshold under | | | | | |
| | | the Southwark judgement with an | | | | | |
| | | overall aim of ensuring that all | | | | | |
| | | homeless 16/17 years either return | | | | | |
| | | to their family or are offered | | | | | |
| | | suitable accommodation. No | | | | | |
| | | young person being placed with | | | | | |
| | | B&B accommodation. | | | | | |
| 12.3 | CPS to include available supported | 16 and 17 year old homeless young | Audit | Lisa Preston | | | |
| | board and lodgings placements in | people are assessed in a timely way | Performance | 01/03/2018 | | | |
| | placement information given to EDT. | and are consistently placed in | Information | | | | |
| | | suitable accommodation. | | | | | |
| 12.4 | Permission for any young person to | Increased availability of | Performance | Lisa | | | |

| be placed in B&B to be sought from | appropriate beds for 16 & 17 year | Information | Preston/Fiona |
|---|--|--|--|
| - | | | |
| | | | Adamson |
| the on call manager out of hours. | Reduced use of B&B provision. | | 15/01/2018 |
| | | | |
| All options of accommodation offered | Clearer evidence on case files that | Audit | Lisa |
| to be clearly evidenced in | options have been considered for | | Preston/Jeanette |
| observations, including if the young | housing 16&17 year olds. | | Hill |
| person has declined section 20 | | | 01/04/2018 |
| accommodation and the reasons for | | | |
| this. | | | |
| Development of a leaflet with options | Evidence that young people have | | Jeanette |
| available for homeless 16/17 year old, | been given options and understand | | Hill/Laura Fisher |
| produced jointly with housing | these clear on case files. | | 01/04/2018 |
| services. This will include a form for | | | |
| young for young people to sign, | | | |
| showing that they have understood | | | |
| options given to them. | | | |
| Strategic Working Group to be | The right accommodation | Audit | Laura Fisher |
| established to look at the availability | available to young people at point | | 01/04/2018 |
| of crash pads in the event of a crisis | of crisis which will prevent them | | |
| whilst assessments are undertaken. | going into B&B accommodation. | | |
| - | to be clearly evidenced in observations, including if the young person has declined section 20 accommodation and the reasons for this. Development of a leaflet with options available for homeless 16/17 year old, produced jointly with housing services. This will include a form for young for young people to sign, showing that they have understood options given to them. Strategic Working Group to be established to look at the availability of crash pads in the event of a crisis | the Director of Children's Services or the on call manager out of hours.olds Reduced use of B&B provision.All options of accommodation offered to be clearly evidenced in observations, including if the young person has declined section 20 accommodation and the reasons for this.Clearer evidence on case files that options have been considered for housing 16&17 year olds.Development of a leaflet with options available for homeless 16/17 year old, produced jointly with housing services. This will include a form for young for young people to sign, showing that they have understood options given to them.Evidence that young people have been given options and understand these clear on case files.Strategic Working Group to be established to look at the availability of crash pads in the event of a crisisThe right accommodation available to young people at point | the Director of Children's Services or the on call manager out of hours.olds Reduced use of B&B provision.All options of accommodation offered to be clearly evidenced in observations, including if the young person has declined section 20 accommodation and the reasons for this.Clearer evidence on case files that options have been considered for housing 16&17 year olds.AuditDevelopment of a leaflet with options available for homeless 16/17 year old, produced jointly with housing services. This will include a form for young for young people to sign, showing that they have understood options given to them.Evidence that young people have been given options and understand these clear on case files.Strategic Working Group to be established to look at the availability of crash pads in the event of a crisisThe right accommodation available to young people at point of crisis which will prevent them |

Closing the Loop on Improvement Actions

Shropshire Children's services are committed to the continuous improvement of practice within the service and utilise the Quality Assurance Framework to review practice on a regular basis, creating actions for improvement. As part of this we have an auditing framework which includes monthly child journey audits, regular thematic audits and an IRO/ICC dispute resolution process, looking at the whole picture of practice, the learning from which is shared with workers and managers, including learning from the service users whom we contact as part of the audit.

In addition to the Quality Assurance Framework, the IMPACT service user feedback project aims to change the culture and approach to gathering service user's views within children's services. One of the activities of this project is a service user feedback and practice observation week twice a year, the findings of which we will utilise alongside that from child journey audits, to measure the impact of our action plan.