

## CHILDREN'S SERVICES IMPROVEMENT PLAN

What Needs to Improve	Action	Action	Person Responsible	By When	Progress to Date	RAG	Impact Assurance
<b>WORKFORCE STABILITY</b>	1	Embed a strong supervision culture in social care that provides opportunities for reflective practice	Head of Service / Service Manager / Team Managers	31.08.21 - <b>completed</b>	All staff now have regular structured supervision. There is a direct correlation on impact of supervision with improved quality in assessments and risk identification. This has been evidenced with the notable increase of positive feedback from families and partner agencies about the quality of our assessment and interventions; and the difference this is making in terms of outcomes.	<b>G</b>	<p>Supervision will be seen as a priority with a positive commitment to a strong supervision culture.</p> <p>Staff will have regular, structured supervision where they have an opportunity to seek and receive emotional support and the 'perception' of the support they receive from their managers will continue to improve.</p> <p>Impact of effective supervision on outcomes for children and families will promote fewer complaints and more positive feedback.</p>
	2	Recording and reporting of supervision to be included in the monthly performance data.	Head of Service /BI	<b>Completed</b> (30.04.21)	Reporting for supervision on case files is now live on SSRS and can be run instantly- this will allow for at a glance monitoring of supervision on case files.  This performance KPI for supervision has also been added to the monthly scorecard and team managers provide monthly commentary on progress.	<b>G</b>	
	3	All team managers will receive First line Management training which has a strong focus on supporting managers to become more confident to challenge staff when appropriate.	Team Managers	<b>Completed</b> (31.05.21)	Feedback from the managers has been very positive. The programme concludes in November 2021.	<b>G</b>	
	4	Management mentoring and Coaching programme to be instigated with CSC provided by Ingson Consultancy.	Head of Service	<b>Completed</b> (30.05.21)	The first introduction meeting with Ingson Consultancy to the mentoring programme was held with the Team Managers on 28th May 2021.  There will be 4 mentoring sessions offered to individual Team Managers starting on 24th June 2021 and concluding on 7th October 2021.	<b>G</b>	
	5	Clear development opportunities to be discussed with staff in supervision and development plans in place.	Team manager/Service Manager/ Head of Service	<b>Completed</b> (30.04.21)	Staff professional development discussions are held separately from case supervision. This allows discussions to be focused purely on training and development opportunities and not seen as an add on agenda item in case supervision.  There is a standardised template that all Team Managers use for consistency to capture and record these discussions.  Team Managers know their staff well and can tailor and identify development opportunities to meet individual staff members needs and skill set.	<b>G</b>	

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	6	Staff progression and development framework to be embedded	PSW	31.09.21	We have successfully recruited to the post of Principal Social Worker on 6th September 2021. The post will work alongside Quality Assurance Service and focus in developing a career progression framework which works for everyone.	G	
	7	Exit interviews to be completed with staff and lessons learnt embedded	Head of Service / HR	On-going	As and when staff leave this is being implemented.	G	
	8	Regular team meetings in place where messages are shared and good practice celebrated.	Head of Service/Team Manager/Service Manager/	Completed (31.08.21)	Team Managers facilitate regular team meetings.  Interim Head of Service facilitates Service Meetings on a fortnightly basis where good practice is shared and celebrated and Team Plans and priority areas are discussed and shared. This is followed up with a written summary to all staff by Interim Head of Service of agreed actions and how these will be taken forward collectively.  Monthly end-to-end case mapping also enables highlighting of good practice.	G	
	9	Establish feedback loop of positive practice to staff.	Team Manager/Service Manager	Completed (31.05.21)	Ongoing- positive feedback is recorded and noted by managers. This is also captured in quarterly Practice Reviews and the learning is shared across the service.  Positive feedback is also captured through formal children's services compliments, comments, and complaints process. There is an increase in compliments to social care; these are all specifically in relation to improved quality of assessments and interventions.	G	
PERFORMANCE DATA	10	Live audit and review of re-referrals by RAIS Team Manager to be over seen by the Service Manager and learning disseminated.	Team Manager RAIS/Service Manager	Completed (31.05.21)	This is monitored month on month through Performance KPI with clear commentary and narrative from the Team Managers. ager for RAIS has provided a summary as discussed at previous improvement board.  Positively there have been no re-referrals since March 2021. This has been sustained in April, May's June performance data. In July we had a request by the	G	
	11	All reports circulated in timescales for ICPC and RCPC- this is managed as a performance issue if not achieved	Team Managers/Service Manager	Completed (30.08.21)	There has been steady improvement on this since January, with performance showing as 100% compliance. There was a recorded delay with one case in April but the report had been circulated within timescales (a week in advance) and th delay was awaiting parents signature. There has been one delay case in July due to new agency worker not being familiar with timescales. We continue to monitor this issue to ensure that forward planning is fully embedded in practice.	G	
	12	Regular audits of CIN cases by IRO's and Service Managers to assure ourselves CP numbers are accurate.	IRO/Service Manager	Completed (31.08.21)	Regular reviews are now embedded, led by Interim Head of Service. The last audit showed appropriate threshold application.	G	Performance targets are consistently met.  Clear narrative available on issues in the service and actions taken to rectify issues identified

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	13	Private fostering awareness raising campaign to be launched	Service Manager/HoS	Completed (30.06.21)	Included in the fostering campaign	G	
	14	Performance in relation to strategy discussions written up in 24 hours will improve to 100%	Team Managers/Service Managers	Completed (30.04.21)	There is a clear tracking system implemented to ensure timeliness. Subsequently, there has been significant improvement since March 2021 with most month in month KPI achieving 100% . We will continue to monitoring as part of sustaining good practice.	G	
	15	QA activity is led by data- trends from data leading to QA activity to improve service delivery/inform practice changes	Team Managers/ Service Manager/HoS	Completed (30.08.21)	A new Thematic Framework has been implemented which is supporting to identify areas of improvement at an early stage.	G	
	16	Teams have awareness of and understanding of performance data.	Team Managers	Completed (30.08.21)	Performance data is a standing agenda items in Team and Service Meetings. All staff have access to SSRS performance data and are encouraged to take ownership of the performance of their allocated caseloads. This has had a service wide positive impact in terms of collective ownership in service improvements.	G	
QUALITY OF PRACTICE	17	Have good quality chronologies, safety plans, risk assessments and analysis on all assessments.	Team Managers/Service Manager / Head of Service	Completed 31.08.21	There is evidence of good quality chronologies, safety plans and risk assessments across the service. Regular sharing of good practice has ensured that all staff are upskilled to enable consistency in all cases.	G	<p>Good quality chronologies, safety plans and risk assessments will lead to appropriate child in need, child protection plans which are SMART and clearly linked to assessed risk and need.</p> <p>We will ensure that we evidence the child's views in all that we do and that our practice will be focused on their needs and experiences.</p>
	18	Ensure that social workers spend time with children, undertaking direct work to understand their experiences, views, wishes and feelings.	Team Managers/Service Manager / Head of Service	Completed 31.07.21	<p>There is increasing better evidence on case file of social workers using 'words &amp; pictures and creative direct work tools to obtain the wishes and feelings of children and young people.</p> <p>SoS framework and language is now confidently being applied in various pieces of work. There continues to be a real drive by the managers and staff to embed this in all our case file recordings.</p> <p>Interface with Independent Advocacy service has been reviewed to ensure children and young people can be offered consultation to understand what the service offers.</p>	G	
	19	Signs of Safety is evident in assessment and plans and clear trajectory in place for achieving outcomes	Team Managers /Service manager	Completed (31.07.21)	New permanent Service Manager is the SoS lead. The team managers have made great progress working with their teams and the SoS consultant to embed the approach. Monthly consultant lead sessions have been targeted to specific practice issues including 'contextual safeguarding'; 'formulating good plans'.	G	
	20	Signs of safety liquid logic to be implemented	BI	Completed (30.08.21)	<p>Signs of Safety Project Plan is progressing as planned:</p> <p>-Week beginning 1st November – test system updated</p>	G	
	21	Ensure that children will be taken into care at the right time, and when legal grounds are met	Head of Service / Service Manager / Team Managers	Completed (31.07.21)	<p>There is evidence of consistent threshold at the front door. This has resulted in the right children being supported within the right framework at the right time.</p> <p>When a decision to place a child in care is made, clear rationale by all managers involved is now required to be recorded on case file as evidence of why threshold for separation has been met and mediation within the family network was not in the child's best interest.</p>	G	
	22	IRO pre-meetings and midway reviews to be effectively used.	IRO	Completed (31.08.21)	IRO Pre-Meetings are taking place before ICPC and RCPC and Midway Review forms are now active and in use on LL.	G	

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	23	Making sure Children Looked After receive swift and effective support to help them find permanent families that meet their needs well. All children who cannot return home permanently will be considered for adoption.	Head of Service / Service Manager / Team Managers	Completed (30.07.21)	Monthly Permanency Planning Meetings chaired by Interim Head of Service and Children's Practice Oversight Group meetings chaired by Director of Children Social Care ensure that there is a comprehensive tracking system for all Children Looked After with a focus in ensuring that permanency is progressed without delay every child has the right permanency option.	G	All Children Looked After in long term care will be supported to explore their past, present and future to help them make sense of their experience and history.
	24	Making sure that good quality life story work will be completed with all children in long-term care.	Head of Service / Service Manager / Team Managers	Completed 31.08.21	<p>There continues to be an increasingly positive picture with evidence of life story work being undertaken. This now includes the cohort of Care Leaver who have not been engaged with this work previously. ThroughCare Team is now fully staffed with two qualified social workers, two personal assistants and one social work assistant, this is positive and will ensure that life story work is completed in a timely manner.</p> <p>There is a plan of action for the Social Work Assistant and qualified social workers in the Throughcare Team to support our Care Leavers with life story work.</p> <p>Performance on life story work will also now be reviewed monthly by Interim</p>	G	
	25	Making sure that social workers and personal advisers are proactive, determined, and creative in their approach to engage care leavers when updating pathway plans.	Team Manager / Service Manager	Completed (31.08.21)	Ongoing- sessions are now in place for team learning and development on what a good pathway plan entails. Monthly performance KPI for % of care leavers supported with a plan and % of care leavers we are in touch with has remained high with 100% compliance.	G	

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PLACEMENT SUFFICIENCY	#REF!	Children's social care to ensure that robust processes are in place for the quality assurance of placements for CLA and all placements have appropriate monitoring in place.	Head of Service / Service Manager /FosteringTeam Managers	Completed (31.07.21)	<p>We are now using Leicestershire County Council (LCC) framework, and this is the framework we need to use going forward to extend any placement provision / put new placements in place. The Provider needs to be on LCC's G2R DPS to be able to utilise this framework.</p> <p>The first port of call when making a new placement would be to see if we can make a placement in-house. No contract/paperwork required for this.</p> <p>Due Diligence checks are completed by LCC to framework providers and as such we don't have to have a separate process for this.</p> <p>For off framework providers commissioning will obtain an in-house credit check, a reference from the host authority and confirmation from the Provider that relevant insurance certificates are in place.</p>	G	
	#REF!	Corporate review of how Rutland responds to the local issue of housing and link with work in the local plan regarding affordable, single occupancy housing for our young people leaving care and in need of housing support	Kevin Quinn	Completed (31.07.21)	<p>The review has been completed but there is no financially viable option for 'crash pad' and that the local plan includes affordable housing for young people and those in need of housing support.</p> <p>We continue to work closely with Longhurst our housing provider.</p>	G	
	#REF!	Quarterly audit of homeless 16/17 years to ensure compliance with procedure.	Service Manager	Completed (31.06.21)	<p>Joint Housing 16-17yrs homelessness protocol has been updated and joint training across housing and social care on implementing the protocol was facilitated by Housing Team Manager and RAIS Team Manager.</p> <p>Interim Head of Service has monthly meetings with Housing Team Manager to discuss new emerging cases and review progress on early joint working across services. We currently do not have any 16/17 year old homelessness cases.</p>	G	
	#REF!	Launch of fostering campaign to increase number of fostering households	Head of Service / Service Manager / Team Managers	Completed (30.08.21)	<p>Fostering and Recruitment campaign was launched on 14th May 2021. There has been really good coverage in the media, and we've seen a marked increase in RCC web traffic as a result. There needs to be on-going direct engagement with the community to encourage enquiries / expression of interest to be submitted for assessments of new foster carers. Currently 3 new assessments in progress which are positive. Initiatives being taken forward by the Team include: 1.</p>	G	
	#REF!	Robust edge of care offer to be developed and in place to support children/young people to stay in their homes- whether this be family or foster placements	HoS/Service Manager/Team Managers	31.08.21	<p>Work around this informed part of the children's services offer work and will be completed by end of the month.</p>	A	
	#REF!	Explore capacity for in-house short breaks as part of recruitment campaign	Fostering Team/ Service Manager	Completed (30.06.21)	<p>To be completed as part of the campaign</p>	G	