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To: All Members of the Cabinet

Dear Member,

Cabinet - Tuesday, 12th March, 2019

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

**13. OFSTED INSPECTION OF HARINGEY'S CHILDREN'S SERVICES
NOVEMBER 2018 (PAGES 1 - 12)**

The draft action plan, Appendix 2, for submission to Ofsted.

Yours sincerely

Ayshe Simsek,
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LATE BUSINESS SHEET

Report Title: Ofsted Inspection of Children's Services – Appendix 2

Committee/Sub etc. Cabinet

Item 13

Date: 12th March 2019

Reason for lateness and reason for urgent consideration

This Appendix is considered urgent pursuant to section 100B(4)(b) of the Local Government Act 1972. That provision states "*An item of business may not be considered at a meeting of a principal council unless by reason of special circumstances, which shall be specified in the minutes, the chairman of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency*".

The Ofsted Improvement Plan provides additional information about the actions that will be taken to deliver the improvements identified in the Ofsted Report. As the action plan is only due to be submitted to Ofsted on 18th March 2019 the service has been confirming the final details. This appendix requires consideration with the Ofsted report and cannot await the April Cabinet meeting due to the prescribed Ofsted submission date.

Concurrence of the Acting Democratic and Scrutiny Services Manager to the submission of this late item of business in accordance with Part 5 Section D – Protocol for Decision-Making - Paragraph 1.4.

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Haringey Children's Service Ofsted Action Plan March 2019



The Ofsted inspection of Children’s Social Care Services completed on 9th November 2018 and the report of the findings of the inspection was published on 14th December 2018. The inspection judged all areas inspected as ‘requires improvement to be good’ and listed nine areas for improvement.

A high-level version of the plan is set out below. The more detailed operational plan is specific, measurable, realistic and has targets for improvement (SMART) and sets out the actions to improve practice in the identified area. This plan will be monitored quarterly through the Children’s Improvement Board and at regular one-to-one meetings with the cabinet Member for Children, Families and Education and the Director of Children’s Services. Additionally, Ofsted will also review progress on the action plan at the Annual Engagement meeting with the Director of Children’s Services. Cabinet, Children’s Scrutiny and Corporate Parenting Advisory Committee will all receive an annual update on the progress of the action plan.

RAG RATING

All actions are RAG rated regarding progress using the following coding: -

RED – R	Not on track - exceptional reporting required
AMBER – A	Concern in progressing actions taking action to resolve and get back on track
GREEN- G	Online to be completed within agreed timescales
BLUE - B	Achieved/completed. *Includes actions that are completed and will be ongoing for future

Acronyms used:

- IRO – independent reviewing officer
- CPA- Child Protection Advisers
- QA – Quality Assurance
- HoS – Head of Service
- DCS- Director of Children’s Services
- AD – Assistant Director
- CiC – Children in Care
- QPN – Quality Performance Network meeting
- LSCB – Local Safeguarding Children Board
- MASH – Multi-agency Safeguarding Hub

1. Assessments of children's needs when their circumstances change, in order to inform plans

Outcome

- The assessments of children's needs are of the highest quality and are updated when there is a change in the child and family circumstance as appropriate
- That plans reflect the findings of assessments and that they are updated in accordance with changes to assessments.
- Practitioners are supported to deliver the highest quality practice and that this is reflected in assessments and audits findings

Impact of actions	Target / Timescales
1.1 All managers as part of management oversight and IRO/CPA chairs at reviews to ensure that the child's plan is current evaluated as relevant and dynamic (SMART) and is reviewed as appropriate and at least annually.	On-going and in line with the child's requirements.
1.2 Practice standards are reviewed and updated on Tri.x (the online policy and procedures tool).	Completed.
1.3 Case file audit tool rolled out and implemented. Audit tool used routinely by all staff.	Completed.
1.4 85% of assessments meet required case standards and are up-dated to reflect the child's current circumstances. The baseline for audits reaching the standard of at least 'good' has been reduced to 35% (Jan 2019) from 47% at Oct. 2018. This is an outcome of the more rigorous audit process.	At least 60% by Sept 2019. 85% by Dec 2019 and then working towards 100%.
1.5 Assessment tools in place and used consistently by staff for the improvement of assessments.	April 2019.
1.6 Staff are aware of and are trained on the use of assessment tools as appropriate.	April 2019.
1.7 An enhanced programme of training is available to staff to support the development of skills and knowledge required to achieve a consistently high quality of practice.	Sept 2019.
1.8 Thematic audits demonstrate consistently improving practice and targets achieved.	April 2019, 60% of audits demonstrate good assessment and 85% by December 2019. 85% of cases audited will include evaluation and feedback from children, their families and

Impact of actions	Target / Timescales
	trusted professionals.
<p>1.9 There is a shared understanding amongst staff and managers of what 'good' social work practice looks like.</p> <p>Feedback from staff. Communications and engagement events.</p>	By March 2019.
<p>1.10 Refocused business support/administrative capacity.</p> <p>Reducing administration frees up social workers to spend more time on purposeful direct work with children and families.</p>	By June 2019.

2. Child focussed plans, particularly in the disabled children's team, where the understanding of thresholds when risk escalates also needs to improve

Outcome

- That all plans are focused on the needs of the child within the context of their family.
- That the Disabled Children's Team (DCT) practices a child focused approach to its work at all times and this is reflected in case recordings, assessments and plans, while at the same time working with parents for the best outcomes for children and young people.
- That DCT understands thresholds when risk escalates and that this is reflected in the work of the team, case recordings, assessments and plans.

Impact of actions	Target / Timescales
<p>2.1 All practitioners in the DCT have undertaken mandatory training and development on achieving and implementing a child centred practice.</p> <p>All DCT practitioners have a minimum of Child Protection Level 3 Safeguarding Training. A programme of learning to include mentoring and shadowing between DCT, Assessment and MASH teams is in place.</p> <p>All audits of DCT cases are child focused and evidence clear decision making against thresholds.</p> <p>85% of audits will include feedback from children and young people and trusted professionals.</p>	<p>Inhouse briefing sessions through to June 2019.</p> <p>Externally commissioned sessions by July 2019.</p>
<p>2.2 All children's service staff have access to training on working with disabled children.</p>	<p>Externally commissioned sessions by June 2019.</p>
<p>2.3 All staff aware of practice standards and tools.</p>	<p>Completed.</p>
<p>2.4 Findings of audits show continuing evidence of improvement.</p>	<p>Dec 2018 completed and quarterly from April 2019.</p>
<p>2.5 The application of threshold for DCT cases is consistent with practice guidance and this is evidenced through case file reviews.</p>	<p>Completed. A review planned for end of March</p>

Impact of actions	Target / Timescales
	2019.
2.6 Experienced Child Protection Advisers linked to the DCT team and working alongside the Service Manager and the Team Managers to build their knowledge and skills to support the consistent application of thresholds.	Completed.

3. The quality and timeliness of case recording including the recording of management decision making

Outcome

- The case recording is consistently of the highest standard.
- That case recording takes place in a timely manner.
- Management decision making is clearly recorded on case files.
- The quality of case recording is monitored through supervision and audits.

Impact of actions	Target / Timescales
3.1 The supervision takes place in line with policy and procedure.	New supervision policy implemented October 2018. 95% of cases to receive management oversight/ supervision by April 2019.
3.2 Audits show a consistently high rate of management oversight and decision making on all cases in accordance with policy and procedure.	New supervision policy implemented October 2018. Managers are increasing the rate of supervision and management oversight. 95% of cases to receive management oversight/ supervision by April 2019.
3.3 Weekly performance reports evidence the consistent recording of management oversight on children and young people records.	By April 2019. Baseline 38% of audits had good quality of supervision in February 2019

Impact of actions	Target / Timescales
	Targets 50% by April 2019 and 80% by Sept 2019.

4. Timely and effective permanence planning for all children in care, including effective challenge brought by independent reviewing officers (IRO)

Outcome

- That there are timely permanence decisions made for all children in care and that these decisions are recorded on Mosaic
- That permanence decisions are reviewed regularly through child in care reviews to prevent drift
- That the use of a tracker is an effective tool in ensuring that all children's permanence plans do not drift.
- That IROs use challenge appropriately to escalate concerns related to practice to further support best care planning and outcomes for children and young people.

Impact of actions	Timescales
4.1 Performance reports demonstrate that all children in care have a permanence decision recorded.	Ongoing.
4.2 Where a child is in care their care plan is tracked on a monthly basis to ensure there is no drift or delay.	Ongoing.
4.3 All children in care have a permanence decision that, where appropriate, is regularly reviewed through the CiC review process and the plans are presented twice a year to the Case Management and Resources Panel for senior leadership oversight.	All cases that require a decision through panel – target is 100% by June 2019.
4.4 Care plans are amended in a timely manner and that there is no delay.	By June 2019.
4.5 A peer review by Islington, as part of our partners in practice, leads to further practice improvements and highlights good practice by the IRO's.	Terms of reference to be agreed by April 2019.
4.6 Challenge by IROs is routine and escalation process is used appropriately.	Quarterly report to QPN in Dec 2018; will be quarterly thereafter.

5. Placement sufficiency for vulnerable adolescents

Outcome

- That all children and young people are in placements that meet their needs
- That placement stability increases following a short dip
- That arrangements are in place across London for the commissioning of placements for young people who are currently difficult to find placements for near their homes and in a timely manner

Impact of actions	Timescales
5.1 The CiC and Care Leavers strategy delivers sufficient placements for all children and young people.	In line with targets set in the strategy.
5.2 Haringey supports plans in place across London for the development of placements to meet the needs of all adolescents, include for the cohort that are difficult to place.	In accordance with plans for development across London – aim is currently 2021 for agreements to be in place.
5.3 Care planning is undertaken early and provides best outcomes for young people.	Ongoing and in line with each young person's needs.

6. The quality of audits to inform practice and drive practice improvements

Outcome

- That the quality of audits is of the highest standard and informs actions that lead to improvements to practice
- That audits take place in sufficient numbers and at a frequency that drives practice improvements

Impact of actions	Timescales
6.1 The relaunched QA framework is implemented and driving practice outcomes.	Quality Assurance Practice Framework and Guidance completed and launched in December 2018.
6.2 That all audit reports are of a consistently high standard and lead practice improvement.	Ongoing.
6.3 Increased audit capacity and thematic audits lead to improved practice	Ongoing.
6.4 The quality of practice is improved through regular lengthy audits undertaken through the process of practice weeks.	Practice weeks completed September 2018 and February 2019. Continue in line with practice week schedules.

7. The strategic partnership response to criminally exploited children

Outcome

- Local strategic multi-agency arrangements to manage and keep abreast of the complex risks of gangs, violence and criminal exploitation of children are well developed.
- Governance arrangements to oversee criminally exploited children are clear and aligned.
- Analysis informs planning to minimise the risks that these children face.

Impact of actions	Timescales
<p>7.1 There will be a shared approach to minimising the risks to criminally exploited children.</p> <p>There will be clear governance arrangements and protocols to support effective oversight and decision making so that key services/partners (Community Safety, the Youth Offending Service and the Safeguarding and Quality Assurance/Multi Agency Child Exploitation Panel - MACE) understand where responsibility and accountability for actions sits and what the shared actions are.</p>	By April 2019.
<p>7.2 A joint quarterly report will be produced, which sets out a shared view of the local profile of children at risk of gangs, violence and criminal exploitation, which informs strategic planning and operational decisions.</p>	By May 2019.

8. The offer and take up of return home interviews (RHIs) and subsequent use of intelligence to inform individual children's plans and wider partnership activity

Outcome

- That all children and young people who go missing are offered a return home interview
- That the take up and outcome of RHIs is monitored and reported to through governance arrangements in place.
- That children and young people are safer as a result of receiving RHIs

Impact of actions	Timescales
<p>8.1 Social workers refer all children for a return home interview when they have gone missing</p> <p>There is increased take up of return home interviews from the baseline of 47% in quarter 3, 2018.</p>	Ongoing.

Impact of actions	Timescales
8.2 Quarterly report analyses the key themes and issues in relation to children who go missing and this informs the wider understanding of child sexual exploitation and child criminal exploitation.	First report in new format produced in March 19 for the period October 18 to December 2018, and then quarterly.

9. Pathways to private fostering

Outcome

- That all children and young people who are privately fostered have an assessments that includes all members of their household.
- That social workers are supported to understand all pathways to private fostering and the regulations
- That all children and young people who are privately fostered have an identified person discharging parental responsibility.
- That through the LSCB all agencies work to raise the awareness of private fostering

Impact of actions	Timescales
9.1 All children and young people privately fostered have a robust assessment and that they are supported in their placement.	Ongoing.
9.2 Social workers are fully aware of the pathways to private fostering and the regulations	June 2019
9.3 Increasing number of private fostering arrangements identified. Increase in contacts from Admissions service to MASH	By March 2019.
9.3 An increased awareness of private fostering across all agencies and increased reporting as a result.	By March 2019.