

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.

This report aims to update members on the progress made against the identified areas following the quarterly monitoring through the Children's Improvement Board, (CIB), regular one-to-one meetings with the cabinet Member for Children, Families and Education and the Director of Children's Services and the outcome of the Ofsted Annual Engagement meeting with the Director of Children's Services.

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	Original Target / Timescales	Progress
1.1 All managers as part of management oversight and IRO/CPA chairs at reviews to ensure that the child's plan is current and evaluated as relevant, dynamic (SMART) and is reviewed as appropriate, at least annually.	On-going and in line with the child's requirements.	This remains on track and is evidenced through the monthly audits
1.2 Practice standards are reviewed and updated on Tri.x (the online policy and procedures tool).	Completed.	Reviewed and monitored every 6 months by the Director of Children's Services and AD's
1.3 Case file audit tool rolled out and implemented. Audit tool used routinely by all staff.	Completed.	Quality of the audit reviewed and monitored every 6 months by the Director of Children's Services and AD's
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%.	Audit findings indicate that a) Timeliness of assessment improved 95% b) Quality of assessment improved with 87% classified as good
1.5 Assessment tools in place and used consistently by staff for the improvement of assessments.	April 2019.	Suite of assessment tools designed and available to practitioners.
1.6 Staff are aware of and are trained on the use of	April 2019.	This will be further embedded

Impact of actions	Original Target / Timescales	Progress
assessment tools as appropriate.		through the launch of Children Social Care's Academy in November 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.	This will be further embedded through the launch of Children Social Care's Academy in November 2019 and the appointment of the PSW in October 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 trusted professionals.	Target achieved as evidenced through audits Evaluation, Service user and professional feedback forms now developed and will be encapsulated as part of BAU operations.
1.9 There is a shared understanding amongst staff and managers of what 'good' social work practice looks like. Feedback from staff. Communications and engagement events.	By March 2019.	Completed Staff feedback forms and Senior management engagement meetings scheduled as part of BAU measures in 2019/20.
1.10 Refocused business support/administrative capacity. Reducing administration frees up social workers to spend more time on purposeful direct work with children and families.	By June 2019.	On target to be delivered by December 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	Original Target / Timescales	Progress
<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.</p> <p>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>Completed</p> <p>Final training to be delivered in September 2019</p> <p>Audit indicate quality and timeliness of assessment improved 87%</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>Completed internally and will be part of the Haringey Children's Social Care Academy</p>

Impact of actions	Original Target / Timescales	Progress
2.3 All staff aware of practice standards and tools.	Completed.	This remains on track and evidence of use gathered as part of the monthly Quality Assurance Management meetings.
2.4 Findings of audits show continuing evidence of improvement.	Dec 2018 completed and quarterly from April 2019.	This remains on track and evidence of use gathered as part of the monthly Quality Assurance Management meetings.
2.5 The application of threshold for DCT cases is consistent with practice guidance and this is evidenced through case file reviews.	Completed. A review planned for end of March 2019.	Review evidenced the need for the development of DCT Eligibility Criteria document protocol to be launched on the 4 th November 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.	Absorbed as part of BAU and governance from AD Safeguarding.

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	Original Target / Timescales	Progress
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.	Target achieved and monitored as part of BAU processes.
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.	Target achieved and monitored as part of BAU processes.
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 Targets 50% by April 2019 and 80% by Sept 2019.	Target achieved and monitored as part of BAU processes.

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	Original Targets/ Timescales	Progress
4.1 Performance reports demonstrate that all children in care have a permanence decision recorded.	Ongoing.	Completed and monitored through CIC reviews.
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.	Reinforced through Case Management and Resource Panel and IRO's reviews.
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.	On track and embedded as part of BAU processes.
4.4 Care plans are amended in a timely manner and that there is no delay.	By June 2019.	Review identified need for more detailed partnership building work with agencies outside of Haringey.
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.	Peer Review completed July 2019 summary

Impact of actions	Original Targets/ Timescales	Progress
		report on schedule for October 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.	Completed and embedded as part of BAU.

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	Original Targets/ Timescales	Progress
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.	Service review identifies challenges and the urgency to adopt Pan London approach
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.	Service review identifies challenges and the urgency to adopt Pan London approach
5.3 Care planning is undertaken early and provides best outcomes for young people.	Ongoing and in line with each young person's needs.	Completed

6. The quality of audits to inform practice and drive practice improvements		
Outcome <ul style="list-style-type: none"> • 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	Original Target/Timescales	Progress
6.1 The relaunched QA framework is implemented and driving practice outcomes.	Quality Assurance Practice Framework and Guidance completed and launched in December 2018.	Completed and tested as part of the Islington PIP Review
6.2 That all audit reports are of a consistently high standard and lead practice improvement.	Ongoing.	Recruitment of experienced auditors completed, and benchmarking exercise completed to determine Haringey's standards
6.3 Increased audit capacity and thematic audits lead to improved practice	Ongoing.	Recruitment completed and officers established within the Quality assurance team
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.	Annual multi agency practice weeks scheduled for 2019/20 and 2020/21

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	Original Target/ 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.	Multi agency Task and Finish group – review completed – changes will be embedded as part of BAU and reviewed annually through the MASA and Exploitation Prevention Panel
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.	By May 2019.	First monitoring report to be shared with the new MASA <u>December 2019</u>

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	Original Target/ Timescales	Progress
<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.	Service review resulted in the RHI being delivered internally.
<p>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.</p>	First report in new format produced in March 19 for the period October 18 to December 2018, and then quarterly.	Quarterly reports monitored through Director Children's Services – management group.

9. Pathways to private fostering

Outcome

- That all children and young people who are privately fostered have an assessment 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	Original Target/Timescales	Progress
9.1 All children and young people privately fostered have a robust assessment and that they are supported in their placement.	Ongoing.	Completed for identified cases
9.2 Social workers are fully aware of the pathways to private fostering and the regulations	June 2019	Training delivered and will be annually repeated through the Haringey's Academy
9.3 Increasing number of private fostering arrangements identified. Increase in contacts from Admissions service to MASH	By March 2019.	Multi agency awareness campaign to be launched on the 4 th November 2019
9.3 An increased awareness of private fostering across all agencies and increased reporting as a result.	By March 2019.	Multi agency awareness campaign to be launched on the 4th November 2019