

St Helens Children's Services Improvement Programme

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September 2021



ILAC Inspection November 2019

- The impact of leaders on social work practice with children and families → Requires improvement to be good
- The experiences and progress of children who need help and protection → Requires improvement to be good
- The experiences and progress of children in care and care leavers → Inadequate
- **Overall effectiveness** → **Inadequate**



Inadequate Children's Services:

- Notice of Improvement from the Children's Minister
- Assigned an Intervention Lead & Improvement Advisor
- 6 Weekly Reports to the Minister
- 6 Monthly Formal Review & Recommendations
- Ofsted Quarterly Monitoring Visits
- Threat of Trust Via Intervention



2021 Timeline

- May – Ofsted Monitoring Visit
- September – Department for Education 6 Month Review
- November – Ofsted Monitoring Visit
- December – Ofsted Annual Conversation



Current Challenges

- Workforce - welfare, maternity & retention
- Budget
- Re-organisation
- Performance Improvement
- Covid-19 & impact within the organisation
- Inspection Fatigue – engagement with our regulators





Current Position/ Progress

- Children's Improvement Board – oversight & scrutiny
- Audit Activity
- Transformation Programme
- Increased Remuneration
- Ofsted Ready Preparation
- Detailed Action Plan – following May's Ofsted visit feedback



Ofsted Feedback – May 2021

- The quality of decision-making to progress plans for children within the pre-proceedings element of the Public Law Outline, and the management oversight of this.
- The quality and effectiveness of the case audit activity to inform leaders of the impact of social work interventions on children’s progress and lived experience.
- The balance of social workers’ workloads and the prioritisation of tasks by social workers and managers to avoid any unnecessary drift and delay for children in need of support, help and protection.



The quality of decision-making.....

Action	Timescale	By whom	How are we assured	September 2021 Update	BRAG
Review of all documentation for Pre-Proceedings	July 2021	HoS / PLO Coordinator / PSW	Quality of documentation for Pre-Proceedings which impacts the understanding and engagement of parents and families to progress outcomes for children	Action complete – documentations reviewed. Quality will be reviewed regularly	
	September 2021	PLO Coordinator / PSW / Performance Team	PLO documentation to be incorporated into the ICS system to enable better oversight and monitoring and evidence of work completed and support performance reporting.	ICS Forms are now live	
Development of pre-proceedings tracker within ICS which would be a live report and provide all appropriate information for Managers to track progress.	September 2021	Performance Team	<ul style="list-style-type: none"> ▪ Pro forma for ICS report has been developed ▪ Discussions have been held with Performance Team ▪ Basis of the report already exists and allows Managers to monitor all children subject to Pre-Proceedings 	Forms are now live on the system – amber remains as it embeds and is monitored to evidence progress	



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Pre-Proceedings Quality Assurance Framework to measure the quality of the plans and assessments and ensure that timely decisions are undertaken for children.	August 2021	PLO Coordinator / HoS / PSW	Evidence that all children subject to pre-proceedings are effectively tracked to ensure timely decision making	An audit tool has been developed to address quality standards which will be used by the PLO coordinator to evidence tracking of all children subject to Pre-Proceedings.	Green
	August 2021 (commence)	PLO Coordinator	Audit of children subject to Pre-Proceedings to be evidenced on a monthly basis. 50% of full cohort to be completed each month and all children will have an audit within the period of pre-proceedings.	Audit of PLO commenced 13/09/21 4 families will be audited by the end of September. This is in progress	Yellow
	June 2021	PLO Coordinator	PLO Coordinator tracks all children subject to Pre-Proceedings on a weekly basis and record oversight within ICS against quality standards.	Tracking is recorded and updated in ICS	Yellow
	August 2021	PLO Coordinator	Escalation Process for the PLO Coordinator to raise practice alerts where actions/plans have not been progressed or the plan is not evidencing impact for the children. Escalation to HoS where issues are not addressed within timescales identified.	This is included in the updated Protocol and will be monitored to ensure consistency	Green
	Already in place	HoS / PLO Coordinator / TMs	Head of Service to chair Pre-Proceedings Panel to discuss all plans and progress with Managers. PLO Coordinator to attend and inform discussions as per tracking arrangements.	This is in place, effectiveness will be monitored	Green



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Protocol and Guidance clearly evidences the quality standards and timescales for Pre-Proceedings	July 2021	HoS / PLO Coordinator / PSW	Protocol and Practice Standard inform quality practice	These are now developed and will be reviewed by HoS and PLO Coordinator in line with themes arising out of audits and tracking.	
	August 2021	PLO Coordinator / PSW	PLO Briefings re quality practice standards and timescales delivered to SWs and Managers	These are ongoing and additional briefings have been put in place. Drop-in sessions also being offered by PLO Coordinator. Briefing also delivered to Wider Management Meeting CSC.	
	September 2021	PLO Coordinator	Drop in Sessions to be available to all Staff / Managers to discuss Pre-Proceedings and to receive support around plans, evidencing impact etc.	PLO coordinator will be hosting weekly drop-in surgeries to provide support.	
	Already in Place	PLO Coordinator / Legal Team	Liaison with Legal Team to review and monitor Pre-Proceedings	In place and will be reviewed regularly	
Key Performance Indicators – <ul style="list-style-type: none"> ▪ The length of time children are subject to Pre-Proceedings both open and closed. ▪ Outcome of Pre-Proceedings 	June 2021	All Staff	PLO timescales will reduce to an average of 12 weeks ensuring the right decisions for children at the right time	05.08.2021 – average number of weeks for open Pre-Proceedings – 11.5 weeks, average number of weeks for closed Pre-Proceedings from 01.04.2021 – 17.13 weeks 07.09.2021 – Open is 11.08 weeks and closed from 01.04.2021 – 17.92. 13.09.2021 - Remains under review.	
	September 2021	PLO Coordinator /PSW/Perf Team	Pre-Proceedings outcomes to be recorded within ICS and reports available to inform KPI reporting.	The forms are now live on the system, amber remains as we assess impact	
	June 2021	PLO Coordinator / HoS	Timescales and Outcomes to be reviewed in each supervision between HoS and PLO Coordinator	Update is required from HoS by end of September	



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Frontloading in Child in Need and Child Protection	August 2021	All Staff	All children subject to Child in Need and Child Protection to have clear contingency plans identified with full Genogram	Signs of Safety has been live since 19th July and children are being reviewed under the practice model. Discussion with systems to be held to ascertain whether genograms can be reported on.	
	August 2021	All Staff	All children to have up to date chronologies which include all significant events and tell the story of the child.	QA framework will continue to assess quality. Dashboard provides information. PLO Co-ordinator will be monitoring chronologies in PLO work	
	August 2021	All Staff	FGC / Family Network Meeting to be completed to inform support plans and contingency planning / early permanence for all Children in Need and Child Protection.	Guidance and procedures need to be created and embedded for Family Network meetings. New PLO forms will identify whether an FGC has taken place prior to Legal Gateway.	
	August 2021	All Staff	GCP to be completed for all children where neglect is a key element of concern	New PLO forms will identify whether a GCP2 has taken place prior to Legal Gateway. Improved performance noted but report required to evidence.	
	August 2021	All Staff	Consideration of parent's cognitive abilities to be considered as part of all plans to ensure appropriate support is put in place to achieve impact and progress of the plan.	Consideration to add a section to the audit form/initial legal gateway report regarding the cognitive abilities of parents. This is to ensure that this information is captured	
	August 2021	All Staff	Parenting Assessments completed for all children subject to Child Protection where Pre-Proceedings may be required	New PLO forms will identify whether a parenting assessment has taken place prior to Legal Gateway	



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Review of Legal Gateway Panel and decision making	Already in place	HoS	ICS records evidence agreement by HoS approval to attend Legal Gateway Panel with clear rationale outlined and consideration of work undertaken, impact of plans on the child's lived experience and goals to be achieved.	In place – regular reviews will be timetabled to ensure effectiveness	Green
	Already in place	All Staff	All required assessments and information will be up to date and presented to Legal Gateway Panel within the required timescales prior to the date of panel to ensure that panel members are able to make appropriate decisions to safeguard the child	In place – remains amber until a review can evidence effectiveness	Yellow
	Already in place	All Staff	Social Worker and Manager will prioritise attendance at Legal Gateway Panel to support timely decision making. Any adjournment must be supported by the HoS with a focus on minimal rescheduling of reviews unless absolutely appropriate and where this does not impact on the safety of the child or impact on the timeliness of decision making.	In place – remains amber until a review can evidence effectiveness	Yellow
	Already in place	Legal Gateway Panel	Decisions by Legal Gateway Panel will be based on the evidence presented, presenting risks to the child, impact on child of the existing plan, and this will be clearly recorded within the record of the panel discussion.	In place – remains amber until a review can evidence effectiveness	Yellow
	Already in place	Legal Gateway Panel	The rationale for decisions will be clear and dissenting views recorded, with the timescale for escalation identified.	In place – remains amber until a review can evidence effectiveness	Yellow
	August 2021	Legal Gateway Panel	Decisions made at Legal gateway for PLO to be updated onto the system by the end of the day to ensure that decision making is recorded in a timely manner and enable the Quality Assurance Framework to consider all children subject to Pre-Proceedings,	Requires attention and action	Red



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Independent oversight and monitoring of Pre-Proceedings by Conference Chairs	August 2021	Legal Gateway Panel / SW / TM	Conference chairs and IRO's to be immediately notified when a decision is made to attend legal gateway / outcome of Legal Gateway Panel	Has commenced but not fully consistent	
	August 2021	Conference Chairs	Conference Chairs to include oversight as part of mid-point tracking and preparation for ICPC and RCPC	Has commenced – remains amber until embedded	
	August 2021	Conference Chairs	Conference Chairs to include oversight of Pre-Proceedings as case note within ICS.	Has commenced – remains amber until embedded	
Development of Care Proceedings tracker within ICS which would be a live report and provide all appropriate information for Managers to track progress	August 2021	HoS / PLO Coordinator	<ul style="list-style-type: none"> ▪ Pro forma for ICS report has been developed ▪ Discussions have been held with Performance Team 	Completed	
Tracking of timeliness of Care Proceedings	Already in place	PLO Coordinator / Legal	PLO Coordinator to track all report filing timescales and report on the LA's timeliness of	Completed	
	August 2021	PLO Coordinator / HoS / Legal	PLO Coordinator and Legal to track 26week timescales for all Care Proceedings and undertake review for all those children whose proceedings extend beyond 26 weeks, identifying the reasons for this.	ICO report in ICS and case note type added to evidence tracking.	
	August 2021	PLO Coordinator / HoS / Legal	PLO Coordinator and Legal to track the outcome of Care Proceedings. ICS reports to be available	This is being developed currently with Legal – further work to be completed in ICS	



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Key Performance Indicators – <ul style="list-style-type: none"> ▪ The length of time children are subject to Care Proceedings ▪ Timeliness of reports and assessments being filed within Care Proceedings ▪ Outcome of Care Proceedings 	June 2021	PLO Coordinator / HoS	Care Proceedings to be concluded within 26 weeks and delays monitored and evidenced as to reason	Remains amber as we track at 3 month intervals	
	Already in place	PLO Coordinator / Legal	PLO Coordinator / Legal to track all directions and ensure timely submission to Court to ensure proceedings are progressed in a timely manner	In place – remains amber until a review can evidence effectiveness	
	September 2021	PLO Coordinator / Legal / Perf Team	Report to be available to evidence outcomes of Care Proceedings	This is being developed currently with Legal – further work to be completed in ICS.	
	July 2021	HoS / PLO Coordinator	Monitoring of PWP arrangements within Care Proceedings	In place – remains amber until a review can evidence effectiveness	
Local Authority and CAFCASS communication and relationship	July 2021	HoS / CAFCASS	Quarterly meetings between LA and CAFCASS to	In place – remains amber until a review can evidence effectiveness	
	July 2021	HoS / CAFCASS	Escalation process in place to identify issues and concerns regarding the timeliness of decision making and progress of plans for children and young people	In place – remains amber until a review can evidence effectiveness	
Independent oversight and monitoring of Care Proceedings by Conference Chairs	August 2021	Legal Gateway Panel / SW / TM	Conference chairs and IRO's to be immediately notified when a decision is made to issue Care Proceedings	This is now in place	
	August 2021	Conference Chairs . HoS Safeguarding	Conference Chairs to include oversight as part of mid-point tracking and preparation for ICPC and Review Conferences. Where pre-proceedings is in place they will include a review of that progress	In place but practice is variable due to staffing issues	



The quality and effectiveness of case audit activity...

Action	Timescale	By whom	How are we assured	September 2021 Update	BRAG
The Audit tool will amend the 'Quality' title to 'Impact for the Child' and the narrative would describe how interventions have improved the situation for the child.	30 th July 2021	KA and System Support	Leaders will be able to evaluate the impact of services for children	This has been completed and will be reported to CIB	
Auditors will be given the opportunity to contact a moderator for support whilst undertaking their audit. Monthly report identifies specific issues or themes as they develop	30 th July 2021	KA	Increased confidence and skill set of auditors. Reduction in grade changes at Moderation as knowledge of auditors and confidence increases.	These sessions are in place, amber whilst they embed	
Ensure all auditors have a comprehensive awareness of Practice Standards, which are maintained and up to date, and easily accessible	30 July 2021	SM	Reduction in grade changes at moderation, and increased consistency across audits	Sessions have been organised	
A one page Practice Standard summary to assist auditors to be produced	3 Sept. 2021	SM KA	Consistency in the quality of auditors	This work is due to start	



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The PSW will take the narrative and learning from each month's audit to the AP and team managers and direct them on how to improve practice and emphasise their roles and responsibilities around quality	Monthly action on a rolling basis from 16 th Aug.	SM	Audit will demonstrate improved management oversight that drives the quality of practice in St Helens and improves outcomes for children	Audit findings need to be consistently shared with the Heads of Service and PSW. Monthly sessions organised with TM's. Fortnightly sessions organised with AP's	
The HOS will dip sample areas, monthly, as highlighted by the PSW to support and track improved practice and outcomes for children as a result. Dip Sample forms will be provided for the HoS and returned to QA once completed. Findings will be reported to CIB.	3 Sept 2021	KA SM	Senior managers will be sighted on quality of practice and pace of change findings will be supported by detailed reports from individual areas.	This is an area of further development. A meeting will be organised to plan some of this work.	
Drop in sessions will be held for the areas of greater concern, Assessment, planning and use of chronologies. Direct support will be provided to practitioners on completing these core documents to ensure impact is captured and good plans developed.	Monthly Sept onwards	SM	Pace of change will improve, practice will demonstrate consistency, plans will be focused, children will not remain in service for significant lengths of time, re-peat referrals within 12 months will reduce.	Weekly sessions have been organised at Atlas House.	



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AD and PSW will consider the quality of supervision and ensure that supervision is driving practice and demonstrating impact.	30 th Sept 2021	LE SM	Audit will demonstrate improvements in the quality of supervision, Staff annual survey will demonstrate more confidence by practitioners in support and challenge. Delays for children will be reduced.	Meeting to be organised to plan out this piece of work.	
Performance Clinic will be used to highlight good practice examples in areas and teams where the TM's struggle to effect change.	Monthly	AD chairs All HoS to contribute	Cultural change in the organisation, consistency of practice, guidance to managers improved focus on quality rather than compliance	This needs to be added to the agenda of future performance clinics	
HOS QA will organise group moderation and provide individual feedback and support to Moderators ensuring moderation is quality based and not compliance based	Monthly and in place	KA	CIB to receive a report from the independent auditor on progress around focus on quality and how we improve with the emphasise on children's outcomes, consistency in moderation.	This work has been planned with the first session arranged in September	
HOS QA will work with the independent auditor to develop skills and share good practice.	Monthly	KA	Audits are providing an accurate evaluation of current practice performance and inform future focus	Independent Auditor is not yet in post, work will commence once they are confirmed	
Review the format and timeliness of information which is fed back to managers to ensure maximum value	30 Sept 2021	KA James Fry	Timely responses to audit findings and improve the pace of change	Reports will now include the variant against the Good cohort	



Balance of social workers' workloads and the prioritisation of tasks....

Action	Timescale	By whom	How are we assured	September 2021 Update	BRAG
Redesign of children's social care and structure including transfer points to reduce numbers of SW changes and improve service delivery	End Sept 21	LE	Less frequent changes in SW for children, improved and effective service delivery resulting in reduced CIC numbers and improved outcomes.	This is linked to phase 3 of the transformation agenda	
Practitioners improvement group will report to the CIB cultural changes within the workforce	Monthly	SM	Practitioners voice will be heard, and senior managers will have a direct understanding of their views on changes and progress	Practitioner forum is held 6 weekly and reports to CIB.	
Practitioners improvement group will report to CIB pace of change and areas of focus and priority on a quarterly basis	Monthly	SM	Practitioners voice will be heard, and senior managers will have a direct understanding of their views on changes and progress in order to re-direct plan and or celebrate success	Pace of change has been added for September's CIB and onwards	



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Report every quarter to the workforce planning board and CIB on the feedback from exit interviews and actions taken as a result.	Quarterly	VW	Listening to practitioners and addressing areas raised will result in stable workforce with natural joining and exits.	Update required on this area.	
Performance dashboard to be used by managers and HOS each week to track children and reduce drift to improve both the timeliness and quality of Child in need and Child protection support and planning.	Weekly review of performance Monthly review of quality	CFA, JB, KA	Performance management processes will improve managers oversight on work that is required in order to reduce drift and delay for children. Audits will report improved quality of service delivery	Information to be gathered from systems to identify which managers are using the dashboard. Performance clinics are held fortnightly, one generic, one targeted. HOS hold a fortnightly performance meeting with AD.	
Alerts/rules to managers and head of service through ICS to be established to alert HoS, TM, IRO & CP Chairs when work is due to be completed, is out of timescale or when mid-point tracking is due	November 2021	MR, AL	Performance management processes will improve managers oversight on work that is required in order to reduce drift and delay for children. Audits will report improved quality of service delivery	A discussion needs to be held with systems to develop this piece of work.	



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Managers to utilise the alert system to check quality of work being completed prior to conclusion	December 2021	HoS, TMs	Performance management processes will improve managers oversight on work that is required in order to reduce drift and delay for children. Audits will report improved quality of service delivery	Audit findings will continue to monitor the quality in this area.	
SW's to be supported to plan key tasks in their diaries	December 2021	SM	Improved learning and development informed when	Review the action.	
The effectiveness of the CIN team to be reviewed to ensure that it is taking the right children, offering the right support to reduce escalation in the system and risks to children.	November 2021	LE	Children get the right support at the right time. Cases that are escalated are timely and appropriate	Kim Scragg is reviewing all CIN cases	
Management oversight to utilise the ICS system following supervision to track actions	September 2021	TMs HoS	HOS to dip sample the quality of Management oversight for each Team Manager to ensure it drives changes (Minimum of 3 per TM to be discussed in supervision)	Meeting regarding dip sampling to be organised	
The offer to staff to support recruitment should be reviewed including birthday annual leave days duvet days etc.	November 2021	VW	St Helens is viewed as a good place to work due to how well staff are looked after, recruitment and retention evidences this	Recruitment and retention paper has been proposed to Leadership team	



Next Steps....

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THANK YOU FOR LISTENING!



ANY QUESTIONS?



ST HELENS
BOROUGH COUNCIL