



# Children and Young Peoples Service Ofsted Restart Improvement Action Plan



## **Introduction**

Heads of Service (HOS) will detail the action they have already undertaken and what action they intend to take in response to OFSTED findings following May 2021 Re-Start Visit. This plan will be tracked in the HOS Improvement meeting. There were three key areas for improvement as follows;

- **The quality of decision-making to progress plans for children within the pre-proceeding's 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 action plan will be reviewed fortnightly with all HOS, updated monthly and reported to Children's Services DLT monthly.

NEW November 2021 - For an action to be signed off, evidence must be presented. Hyperlinks will be added to hold this information centrally. The action will also be reviewed on a quarterly basis to provided reassurance on impact and consistency.

**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.**

Action	Timescale	By whom	How are we assured	October 2021 Update	BRAG	Evidence
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 - new documents are being tested and should be completed in ICS and will be monitored by PLO Coordinator and LGP		
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"> <li>▪ Pro forma for ICS report has been developed</li> <li>▪ Discussions have been held with Performance Team</li> <li>▪ Basis of the report already exists and allows Managers to monitor all children subject to Pre-Proceedings</li> </ul>	<p>Forms are now live on the system – amber remains as it embeds and is monitored to evidence progress</p> <p>04.10.2021 - Performance Team to be asked to update the current Pre-Proceedings Tracker in ICS. To include date of initial LGP, date of all review LGPs</p>		
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.		
	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.	<p>Audit of PLO commenced 13/09/21 4 families will be audited by the end of September.</p> <p>04.10.2021 - at least 50% of the children subject to Pre-Proceedings to be completed each month but PLO Coordinator. PLO Coordinator will maintain tracker of all children audited and the key issues being identified.</p>		
	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.	<p>Tracking is recorded and updated in ICS</p> <p>04.10.2021 - discussion regarding detail of oversight and escalation process to ensure that work identified is completed. PLO coordinator to use the reminder facility in case notes to check that work is completed.</p>		
	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	This is included in the updated Protocol and will be monitored to ensure consistency		

			HoS where issues are not addressed within timescales identified.		
	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	
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.  04.10.2021 - further work being undertaken with PAUSE to develop promotional leaflet for parents to understand pre-proceedings. Aiming at age 12. Further work to be completed to review the other documentation for families.	
	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"> <li>▪ The length of time children are subject to Pre-Proceedings both open and closed.</li> <li>▪ Outcome of Pre-Proceedings</li> </ul>	June 2021	All Staff	PLO timescales will reduce to an average of 16 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.  04.10.2021 - change of target from 12 to 16 weeks agreed but the timeliness will continue to be monitored by PLO Coordinator and HoS and ensure that timely decision making is in place for all children. Average of currently open children to pre-proceedings is 13.16 weeks however there are 3 children open at 18 weeks with a plan to step down therefore not achieved consistent timescale under 16 weeks.	

	September 2021	PLO Coordinator / PSW / Performance 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		
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. Remains amber until practice is consistent  04.10.2021 - further work to identify how this can be evidenced		
	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. Remains amber until impact is evidenced  04.10.2021 - further work to identify how this can be evidenced		
	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.  04.10.2021 - further work to identify how this can be evidenced		
	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.  04.10.2021 - further work to identify how this can be evidenced		
	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  04.10.2021 - further work to identify how this can be evidenced		

	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  04.10.2021 - parenting assessment to be initiated at the start of child protection plan and to be completed / updated by 2 <sup>nd</sup> review.		
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		
	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  04.10.2021 - PLO coordinator to discuss with LGP date for review and report to evidence progress.		
	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  04.10.2021 - PLO coordinator to discuss with LGP date for review and report to evidence progress.		
	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  04.10.2021 - PLO coordinator to discuss with LGP date for review and report to evidence progress.		
	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  04.10.2021 - clear evidence in minutes of differing views and decision making as well as escalations submitted.		
	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  04.10.2021 - PLO coordinator to discuss with LGP date for review and report to evidence progress. ICS is updated by PLO Coordinator within the day but in their absence this is undertaken by Business Support.		
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	Further clarification required with SCU re progress.  04.10.2021 - The unit IRO's and CP chairs when completing their mid point review (or sooner if		

				expecting an assessment etc) will consider progress of the PLO plan.	
	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  04.10.2021 - The unit IRO's and CP chairs when completing their mid point review (or sooner if expecting an assessment etc) will consider progress of the PLO plan	
	August 2021	Conference Chairs	Conference Chairs to include oversight of Pre-Proceedings as case note within ICS.	Has commenced – remains amber until embedded  04.10.2021 - The unit IRO's and CP chairs when completing their mid-point review (or sooner if expecting an assessment etc) will consider progress of the PLO plan	
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"> <li>Pro forma for ICS report has been developed</li> <li>Discussions have been held with Performance Team</li> </ul>	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	Monitoring process is being further developed with TMs and Legal	
	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  04.10.2021 - ICS report available to evidence outcome of all care proceedings	
Key Performance Indicators – <ul style="list-style-type: none"> <li>The length of time children are subject to Care Proceedings</li> <li>Timeliness of reports and assessments being filed within Care Proceedings</li> <li>Outcome of Care Proceedings</li> </ul>	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  04.10.2021 - subject to Court timetable	
	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.  04.10.2021 - this is available within 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  04.10.2021 - problems encountered in setting up regular meetings – to escalate		
	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  04.10.202 - waiting for sign off		
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	Further clarification required with SCU re progress		
	August 2021	Conference Chairs . HoS Safeguarding	Conference Chairs to include oversight as part of mid-point tracking and preparation for ICPC and RCPC	Further monitoring required to evidence this is happening, remains amber until impact is evidenced		
	August 2021	Conference Chairs . HoS Safeguarding	Conference Chairs to include oversight of Pre-Proceedings as case note within ICS.	Further monitoring required to evidence this is happening, remains amber until impact is evidenced		

**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.**

Action	Timescale	By whom	How are we assured	October 2021 Update	BRAG	Evidence
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 <sup>th</sup> 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 <sup>th</sup> 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	One Page practice standard completed and distributed to all staff		
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 <sup>th</sup> 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 Dec 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. Dip sampling is taking place but agreement is required about the		



				recording template and information captured.		
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.		
AD and PSW will consider the quality of supervision and ensure that supervision is driving practice and demonstrating impact.	Monthly review	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.	Further work is planned to review the impact of supervision and reflection. Annual Survey is due to be launched.		
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, remains amber until embedded and can evidence impact		
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 now in place		
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		

**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.**

Action	Timescale	By whom	How are we assured	October 2021 Update	BRAG	Evidence
Redesign of children's social care and structure including transfer points to reduce numbers of SW changes and improve service delivery	End Sept 22	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, the project plan has been approved at Gateway 1		
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		
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.	Work has commenced on this area. A date will be booked for presentation at CIB.		
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	Proposals have gone to HoS for discussion		
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	Audit findings will continue to monitor the quality in this area.		

			delay for children. Audits will report improved quality of service delivery			
The effectiveness of the CIN work 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	The right support is targeted in a timely manner	Kim Scragg has completed a review and work will now commence following the findings		
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, a joint meeting will be arranged to review management oversight and supervision template (as detailed above).		
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. A recruitment event was held in October and wider incentives are being explored following this		