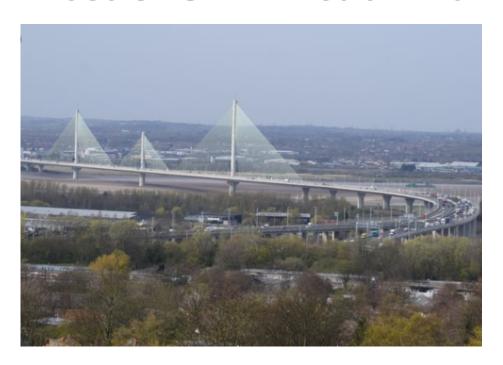
Halton Children Services Post OFSTED Action Plan





Introduction

Link to - Halton ILACS Report Letter Inspection dates: 2 March 2020 to 13 March 2020

In March 2020, Ofsted carried out a comprehensive inspection of children's social care and early help in Halton. This was conducted under the Inspection of Local Authority Children's Services Framework (ILACS). The overall judgement was that services in Halton requires improvement to be good. The individual service judgements were as follows.

| Judgement | Grade | | |
|--|---------------------------------|--|--|
| 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 | Requires improvement to be good | | |
| Overall Effectiveness | Requires improvement to be good | | |

Whilst OFSTED did comment that 'Since the last inspection of the local authority children's services under the single inspection framework (SIF) in November 2014, the focused visit in July 2018 and the joint targeted area inspection (JTAI) in July 2019, the local authority has made positive improvements in some service areas. Focused strategic planning and an understanding of the need to prioritise areas of higher risk have resulted in effective early intervention services, a strengthened initial response to children needing help and protection and strong arrangements to tackle extra-familial risk', whilst these comments were positive these grades are not where we wanted to be.

Whilst these positive improvements have been made, OFSTED identified that slower progress had been made in other aspects of the service, and weaknesses found during this inspection mirrored some of those areas requiring improvement in the SIF inspection. Our improvement was a considerable achievement but we were aware that more needed to be done to ensure that standards continue to rise.

Ofsted identified 5 main areas for improvement and listed them in the following order;

- Consistency of application of thresholds and understanding of parental consent in iCART.
- Quality of assessments, and plans, including personal educational plans (PEPs) and contingency planning.
- Management oversight, challenge and supervision, to support consistent, good-quality social work practice.
- The sufficiency of high-quality placements to meet children's needs.
- Strategic planning to support service improvement.

Whilst 'strategic planning to support improvement' is at the end of this list it is the first area that needs to be addressed. The strategic planning will underpin all that needs to be done and clarify our direction and outline our measurable goals to achieve improvement in the other four areas. With this in mind the majority of our actions will fall under this header.

Before OFSTED arrived there were already plans in place to review our children social care workforce with stage 1 having already been completed i.e. Children in Need Team Widnes were relocated to Runcorn and the two new Divisional Managers were appointed and commenced their role the week prior to Ofsted's arrival.

Upon reflection, at the time of OFTSED's arrival it was felt that, had we had more time to move forward with our plans then perhaps Ofsted would have graded their judgements more favourably but again upon reflection, this was perhaps the most opportune time. Their feedback during the inspection and the report contained a wealth of analysis that provides the basis on which we can focus our future planning and provide us with a greater understanding of the scale of improvement required to provide consistently good services to children and families.

Governance and Accountability

The Director of Children Services with his senior management team will take responsibility for the delivery of our plan. We will monitor improvements in performance and practice, measuring progress of our plan quarterly at our Children Service Performance and Quality Meetings with Service Managers and through Performance and Quality Meetings with Team Managers and their staff.

As part of this plan we are establishing a "Working for Children' improvement board, which will be supported independently by the LGA and chaired by the Chief Executive. This will provide additional oversight, critical and independent challenge and ensure evidence based progress and secure accurate self-evaluation.

The Children, Young People & Families Policy and Performance Board will provide political scrutiny.

The strategies and plans that sit underneath this plan are monitored by existing Boards and governance structures.

Progress will be RAG rated using the following status.

RAG STATUS

| Action not started or started and behind target for completion | X |
|--|----------|
| Progress on track | - |
| Progress delayed | 1 |
| Ahead of timescale | 1 |
| Action completed | ✓ |

Whilst time frames have been added, due to COVID 19 there will need to be some flexibility to undertake the tasks.

Areas for Improvement

Strategic planning to support service improvement.

Quality of assessments, and plans, including personal educational plans (PEPs) and contingency planning.

PHASE 1 July-September 2020

| | ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|---|--|------|--|---|---------------------------------|
| A | Establish a "Working for Children Board" chaired by Chief Exec and supported by LGA. | DCS | Provide independent challenge and support for service improvement. Ensure accurate self-evaluation and provide assurance on progress of service improvement | | September 2020 |
| В | During the Covid 19 recovery phase, establish "bubble" pods of social workers to be in the office on a rota basis as part of workforce plan. Each "bubble" pod will have a dedicated practice lead to manage duty and assessment work for that week, provide direct support and supervision and increase the level of management oversight. | OD | Increased management oversight. Increased SW capacity. Manageable workloads QA process implemented Increased resilience during COVID 19 | Additional capacity recruited for new bubble pod for duty and assessment function Managed team procured from SW Agency | July 2020- September 2020 |
| | One Principal Manager will be matched with each pod. | | | | |

| | ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|---|--|------------------|--|--|--|
| | By the end of the recovery phase, the CIN service has been merged into one team, with a duty and assessment function and a safeguarding children function. | | | | |
| С | Undertake appraisals with all qualified social workers and managers in line with their respective knowledge and skills statement. The appraisal process to include examples of casework, supervision and feedback from service users and other agencies. | DM / OD / DCS | All qualified staff are clear about expectations of their respective roles and prepared for accreditation. The service has a clear framework for developing and embedding the quality of social work practice leading to improved outcomes for children and families. Development plans are in place where required and staff are supported to meet the identified areas with additional training and supervision within an agreed timescale. Structured appraisal and progression process ensures ongoing competence Senior Managers assured of workforce effectiveness which will inform workforce recruitment and service planning via the workforce development group. | Source independent practice improvement resource, e.g. LGA Practice Improvement resource to develop appraisal process, collate and analyse training and development needs to develop workforce development plan | To be completed by 30 th September 2020 |

| ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|--|---|--|--|--|
| Implement new integrated | DM SG | | Practice | September |
| | | and understood by all staff. | • | 2020 |
| The state of the s | | | resource | |
| • | | • | | |
| , | | · | | |
| Model | | • | | |
| Senior managers' complete | | young people and families. | | |
| | | Continued improvement is demonstrated through | | |
| • | | · | | |
| | | • | | |
| • | | outsomes for simulation | | |
| • | | All Senior managers assured by evidence based | | |
| , | | - | | |
| Promote Santa Promote | | and the second s | | |
| Practice improvement | | Children and families receive the right support at | | |
| resource to ensure audit and | | the right time without delay. | | |
| quality assurance framework, | | | | |
| to analyse themes and | | | | |
| trends, track actions from | | | | |
| audits and quality assurance | | | | |
| activity and measure | | | | |
| progress and effectiveness of | | | | |
| improvement | | | | |
| | | | | |
| | | | | |
| <u> </u> | | | | |
| • | DCS | • | | 6 September |
| recording system | | · | • | 2020 |
| System development has | | and families. | | |
| | | Mobile access and IT supports direct work with | | |
| • | | · · | | |
| lafker si kaasi Fklin sk | mplement new integrated audit and quality assurance framework developed and based on effective practice elsewhere, including Leeds Model Senior managers' complete 12 audits per week and principal manager's quality assure casework daily against the issued practice estandards for assessments, visits and plans. Practice improvement resource to ensure audit and quality assurance framework, to analyse themes and trends, track actions from audits and quality assurance activity and measure progress and effectiveness of | mplement new integrated audit and quality assurance framework developed and based on effective practice elsewhere, including Leeds Model Senior managers' complete 12 audits per week and principal manager's quality assure casework daily against the issued practice standards for assessments, visits and plans. Practice improvement resource to ensure audit and quality assurance framework, to analyse themes and trends, track actions from audits and quality assurance activity and measure progress and effectiveness of mprovement Regular DM QA meetings led by senior manager. Implement new case recording system System development has been completed with | Implement new integrated audit and quality assurance framework developed and based on effective practice elsewhere, including Leeds Model Senior managers' complete 12 audits per week and principal manager's quality assure casework daily against the issued practice standards for assessments, visits and plans. Practice improvement escource to ensure audit and quality assurance framework, o analyse themes and rends, track actions from audits and quality assurance activity and measure orogress and effectiveness of mprovement Regular DM QA meetings led by senior manager. mplement new case recording system System development has been completed with DM SG The quality standards for practice are embedded and understood by all staff. This is evidenced through a structured framework which includes case files audits, themed audits, practice observations and feedback from children young people and families. Continued improvement is demonstrated through improved assessment and plans and improved outcomes for children All Senior managers assured by evidence based analyses of work quality and outcomes. Children and families receive the right support at the right time without delay. Children and families receive the right support at the right time without delay. Staff are supported with case recording to evidence their practice and impact on children and families. Mobile access and IT supports direct work with | Implement new integrated audit and quality assurance ramework developed and pased on effective practice elsewhere, including Leeds Model Senior managers' complete 12 audits per week and principal manager's quality assura casework daily against the issued practice estandards for assessments, risits and plans. Practice improvement resource All Senior managers assured by evidence based analyses of work quality and outcomes. Children and families receive the right support at the right time without delay. Children and families receive the right support at the right time without delay. Staff are supported with case recording to evidence their practice and impact on children provement on their practice and impact on children provement and families. The quality standards for practice are embedded and understood by all staff. The quality standards for practice are embedded and understood by all staff. The quality standards for practice are embedded and understood by all staff. This is evidenced through a structured framework which includes case files audits, themed audits, practice observations and feedback from children young people and families. Continued improvement is demonstrated through improved assessment and plans and improved outcomes for children and families receive the right support at the right time without delay. Children and families receive the right support at the right time without delay. Staff are supported with case recording to evidence their practice and impact on children and families. Project Board in place with representatives from across the service, IT and |

| | ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|---|---|----------------|--|--|--------------------------------|
| | across all areas of the service. Comprehensive training plan in place. | | The system supports the consistency of quality social work practice in its design and workflow. | Implementation team in place including support from OLM | |
| | Super users identified to support training delivery and ongoing support. | | | | |
| | Identification of appropriate mobile technology for distribution to all SW. | | | | |
| F | Implement practice development workshops. • Assessments to be delivered in July 2020 • Plans in August 2020 • Private Fostering | OD | Quality standards for practice are explicit and understood. Timely, clearly written, jargon-free and accurate case recording. | Practice Improvement resource to support principal team managers in planning and | 31 July 2020 and Ongoing |
| | September 2020 | | Rationale for case activity and management decisions clear. | delivery of workshops and monitoring of | |
| | Actions and recommendations from workshops tracked and | | Voice of child evident and written in consistent tense. Effective practice is shared and celebrated. | impact and improvement as a result | |
| G | audited for impact Ensure PEPs for Early Years and Post 16 are reviewed to ensure consistency in quality, clear targets and expectations are set out. | OD Ed / VHS | 100% of EY and Post 16 PEPs will have clear SMART targets that focus on raising achievement and include both short and long term educational planning. | Recruitment of additional staff, 2 planned. | 31 Dec 2021 |
| | | | Through rigorous QA at least 80% of EY and Post 16 PEPs will have a quality assurance rating of Good or better. | | |

| ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|---|------|---|-----------|-----------|
| Continue with DCS led | | | | |
| Termly performance and QA reviews. | | 100% Post 16 CIC will have clear progression routes into Education, Employment and Training opportunities that meet their career aspirations. | | |
| PEP, EET and CiC outcomes and progress included in performance framework. | | | | |
| | | | | |

PHASE 2 September 2020- March 2021

| | ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|---|--------------------------------|------|--|--------------------|----------------|
| 1 | Design and implement | OD | Clear and agreed operating model for Early help | Increased staffing | To be in place |
| | revised service delivery | | and Social Care. | permanent | no later than |
| | model. | | | capacity. | March 2021 |
| | | | Visible and evidenced management oversight. | | |
| | The service delivery model is | | | | |
| | informed by learning from | | Appropriately trained and competent staff. | Access to | |
| | Covid interim arrangements | | Manageable Case loads | managed teams | |
| | and ways of working that | | | through SW | |
| | have made a difference to the | | Robust management oversight at all levels | Agency | |
| | outcomes for children and | | | framework. | |
| | families. | | More direct work with families | | |
| | The model supports quality | | All indicators at least in-line with statistical | | |
| | systemic social work practice, | | neighbours | | |
| | and build on learning from | | | | |
| | other areas with effective | | | | |
| | practice e.g., Kensington and | | | | |
| | Chelsea. | | | | |
| | | | | | |

| | ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|----|--|-------|--|--|--|
| | All staff have access to training and development and this recorded clearly in their supervision. Reflective supervision model designed and implemented. All staff and managers have CPD based around the staff review completed in phase 1. | | | | |
| 2. | Establish workforce development group to review workforce strategy including recruitment, career development and progression, training and development plan and staff support and well-being. | OD | To ensure we have appropriate level of staffing, skills and experience across all service areas with clear recruitment and retention pathways. CPD opportunities clear and reviewed regularly informed by audit findings. | Improved recruitment process. | Strategy to be in place by 31 30 December 2020 |
| 3. | A strengths based conference model to be developed with support from the partnership, children and their families using the principles of systemic theory and practice. Work with customer insight team to collect service user feedback | DM SG | Conferences and plans will child focussed. Effectiveness of plans will be measured on the impact on the child What the child wants from their plan will be evident and will be used to develop the plan Fewer repeat child protection plans and in line with statistical neighbours Children, families and partners understood the conference process prior to the meeting and were able to contribute and develop a plan that they feel ownership of. | IRMs, social care staff and other partners | 31 March 2021 |

| | ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|----|---|--------|---|---|----------------------|
| | | | | | |
| 4. | Review of the structure, service delivery model and capacity of the safeguarding unit including the LADO process and quality assurance functions for both CP and CIC Quarterly reports developed identifying themes from escalations. and | DM SG | Evidence of CP and CiC IRM footprint on the child's file of their oversight and challenge leading to improved outcomes. Escalation is applied where there are issues with practice or delay with a child's plan without delay. Effective practice notifications will be shared in the relevant partnership meetings to inform practice improvement planning and partnership self-assessment. All partners receive consistent information and support in managing allegations to ensure children are safeguarded, investigations are tracked and monitored. LADO process is concluded based on evidence and professional judgement | HR Additional IRM capacity equivalent to 1.5 IRMs | 30 September 2020 |
| 5. | Private fostering and homeless notifications to receive a consistent response to identification, assessment and safeguarding responses. A named principal manager will be responsible and accountable for each area for training and development of social care staff, awareness | DM CIN | Statutory duties are met | Principal Managers | 30 August 2020 |

| | ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|----|--|------|--|--|---------------------------------|
| | raising with partners and tracking and monitoring the effectiveness of the response Quarterly reports on the identification and the quality of response to the senior management team | | | | |
| 6. | Social workers to complete systemic social work practice qualification. Managers to complete systemic supervisor training to support implementation and embedding of systemic model. QA framework includes audit of case files and supervision identifying application of systemic practice. | OD | Social workers are able to practice and evidence with assurance and confidence the way they work with families strengths, manage risk using the safe uncertainty approach and improves outcomes for children. Staff undertake more direct work with children and parents Supervision is recorded consistently. Recording shows reflective informed decision making. | Funding to meet cost of training in partnership with DfE Partners in Practice Programme Additional support from Centre for Systemic Work in embedding approach through onsite support Release to undertake training and study time by providing backfill cover | September 2020 March 2021 |

Management oversight, challenge and supervision, to support consistent, good-quality social work practice.

| | ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|---|--|------|--|---|--|
| 7 | Management development and accountability is informed through training and development to meet the requirements of the systemic social work model as the service delivery model. 10 managers undertaking systemic leadership training supporting 20 front-line staff nominated. 2 Practice Leads and 3 Principal Managers nominated for RiP Practice supervisor programme The integrated audit and quality assurance framework implemented including supervision audits, observations, and casework audits. | OD | Staff are supported by consistent good management and quality supervision. Improved and consistent quality of social work practice that demonstrates a grip of casework outcomes. | Funding for systemic social work Nominations to Research in Practice programme | Systemic March 2021 RiP November 2020 |
| 8 | Ensure all workers and staff have access to and are using Research in Practice to link current theory and research to practice. | OD | Assessment and plans will contain evidence of relevant research and theory. Managers will have increased capabilities to supervise, organise, plan, lead, motivate and evidence of regular management oversight and reflective supervision on all case files. | Practice Improvement resource to develop model of engagement that support application in practice and | 31 December 2020 |

| | | series of | |
|--|---|------------------|--|
| | Evidence of impact will be reported to the senior | discussion | |
| | manager QA group and the workforce development | workshops on key | |
| | group | webinars and | |
| | | research | |

| | ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|----|--|--------|--|--|-----------|
| 9 | Multi-agency assessment toolkit launched with range of evidenced based tools to support partners in making referrals and contact to both early intervention and social care. Schools placed in hubs. Briefings via hub conference calls, with Hubs having at least 2 sessions each by the end of term. | DMCIN | Referrals for both early intervention and social care are supported by a consistent application and use of the toolkit. Evidenced decision of appropriate pathways and actions meeting the concerns raised about a child. | DM, iCART staff, partners | Completed |
| 10 | iCART structure, roles and responsibilities reviewed to ensure appropriate level of oversight of the level of response. Weekly audits of contacts and referrals through multi-agency contact challenge meeting. | DM CIN | All contacts and referrals are overseen by a qualified social worker before a decision is made on the level of need. Evidence of parental consent is provided before progressing unless risk of immediate harm. Children receive the right level of response at the right level of need. | DM, Principal Managers and Practice Lead in iCART | Completed |

The sufficiency of high-quality placements to meet children's needs.

| | ACTION | LEAD | IMPACT | RESOURCES | TIMESCALE |
|----|---|--------------------------|--|--|----------------|
| 11 | Review and revise the current Sufficiency strategy and implement the Sufficiency Strategy (2021-2024) for children in care and care leavers and monitor impact. | DM (CIC/CL) DM (P) | There will be a continued increase in the number of local authority foster carers overall (5%) as well as an increase in the percentage of children in care placed in "in house" placements (5%) | Support from the Policy and performance team. | December 2020 |
| | Progress will be reported to the Children In Care Partnership Board / Children In Care Council | | There will be an increase in the percentage of children in care placed within Halton or neighbouring authorities (5-10%) | Capital funding. | |
| | Specific requirements will be shared with providers. | | There will be an increase in the number of placement options available resulting in an increased choice to meet needs | | |
| | Continue to work implement LCR Market Reform programme, and specifically the social enterprise residential care business case. | | | | April 2021 |
| 1 | Review and revise the existing procedure for contractual compliance / quality monitoring visits to external placements. | DM (DM P) | Robust arrangements are in place to ensure the quality of the commissioned placement. | Placements Team | September 2020 |
| | | | The workflow is based on a consistent risk assessment process | | |

| Progress will be reported quarterly through the Governance Framework. | At any time at least 80% of Residential and Leaving Care placements will have received at least one quality visit in the previous 12 months. | |
|--|--|--|
| Children in Care Young Inspectors used to provide young person perspective on placement quality. | Young person approved provision. | |
| | | |

Glossary:

| Abbreviation | Title | Name |
|--------------|---|-----------------|
| DCS | Director Children Services | Milorad Vasic |
| OD | Operational Director Children Social Care | Tracey Coffey |
| OD Ed | Operational Director Education | Ann McIntyre |
| DM (CIN) | Divisional Manger Children in Need | Angela Povey |
| DM (CIC/CL) | Divisional Manger Children in Care and Care | Liz Davenport |
| | Leavers | |
| DM (P) | Divisional Manger Placements | Sam Murtagh |
| VHS | Virtual Head of School | Sharon Williams |