

Children's Social Care and Early Help
Improvement Plan
2022/23
January 2023



Introduction

In BCP, we have high aspirations and ambitions for all our children and young people, especially for those whom we have Corporate Parenting responsibilities.

We have made some progress and improvements across a number of areas, but we know that progress is still too slow, not embedded and not yet having the positive impact we need on the lives of children. We need to accelerate our improvement journey with strong and effective relationships with our staff and our partners.

This Improvement Plan sets out what we aim to achieve over the next 3-6 and 12 months. In developing this plan, we have listened to the views of children and young people, our partners and workforce, looked at what our data tells us, listened to the views of Ofsted/DfE and identified where we need to drive forward change to rapidly improve the outcomes for our children and young people. Our planning is outcome focussed so that we can be clear about the difference we want to see for children and young people in BCP.

We have deliberately not set a specific outcome for “voice of the child”. This is because we believe that their voice will run through every priority and will be considered as part of every action. As this is a plan about improving outcomes and experiences for children and young people, their voices, views, and influence are integral to the success of this plan.

This Improvement Plan will shape and influence our service and team plans as well as individual objectives for our staff - this is crucial to ensure improvement activity is embedded and supported throughout the service. Lead Officers will work with our partners and frontline managers and staff to develop detailed action plans to underpin this Improvement Plan.

We want all children and young people in BCP to have the best chances to thrive and be successful, and wherever possible to be with their families. Where children and young people are looked after by the Council, we want to be great corporate parents to our children. We want to make sure they have supportive and nurturing experiences and help when they need it most.

The council’s Corporate Strategy, ‘The Big Plan’ sets out the Council’s priority for children and young people to have brighter futures, providing a nurturing environment, high quality education and great opportunities to grow and flourish. It states:

“We will ensure that the BCP city region becomes one of the best places in which children can live, learn, and grow up; with opportunities to stay in the area after they leave school, whether to go to university, to train or to work. This means supporting the health, wellbeing, and development of children from birth, though their early years, right through their education and into adulthood.”

Corporate Parenting Strategy mission

“...to be the best corporate parents and grandparents so that our children in care and care experienced young people have bright futures: we care about you, we have high aspirations for you, we never give up and are determined to achieve the best for you.”

Brighter Futures vision

Caring for our children and young people; providing a nurturing environment, high quality education and great opportunities to grow and flourish

- enable access to high quality education
- be aspirational for our children in care
- support parents and guardians to care for their children well
- prevent harm through early intervention

Governance of the plan

Governance of the Improvement Plan is through Children’s Services Senior Leadership Team, through a highlight report, and impacts reported to Children’s Improvement Board. There is a named accountable senior officer to lead each of the priority areas. In discharging their accountabilities, the named senior officer will consider:

1. Where we want to be from a strategic perspective
2. Where we are now
3. The ‘gap’ between current position and our aspirations, and identification of actions required to close this gap
4. In closing the gap, the named accountable senior officer will consider best practice and lessons learnt from other organisations
5. Synergies will be considered against other programmes, for example WSoA and SEND Improvement Board, importantly any strategy and actions will be co-produced with partners, children, and young people
6. Strategies and actions plans will be co-produced and tested with our stakeholder and our workforce
7. Performance and governance processes will be further developed and embedded
8. Performance metrics will be used to ensure the action plan is delivering the intended outcomes
9. A feedback loop will ensure that action plans are responsive and iterative to requirements
10. Finally, the Voice of the Child informs all stages and actions

RAG	Description	Total out of 38 actions	%
	High risk – action not started yet but expected it to have commenced / escalation required due to performance concerns /significant delay – action is a worry	2	5%
	Significant risk – plan in place, action started but further work required to ensure improvement	17	45%
	On track – running to plan and within timescale, performance has improved against the plan	13	34%
	Actioned – implemented and embedded	2	5%
	Completed and can be removed from plan	4	11%

1. The experiences and progress of children who need help and protection

Key Performance Indicators

	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	National	Statistical Neighbours
Percentage early help assessments completed in 15 days	88%	85%	85%	85%	91%	86%	84%	65%	75%	71%	75%	88%	-	-
Percentage of re-referrals in 12 months	23%	23%	23%	22%	22%	31%	30%	23%	27%	28%	29%	29%	22%	23%
Percentage of assessments requiring further social work	41%	37%	36%	32%	22%	34%	34%	30%	32%	38%	37%	40%	-	-
Percentage of assessments completed in 45 days	83%	69%	65%	52%	66%	65%	79%	82%	85%	84%	86%	84%	85%	80%
Percentage of strategy discussions leading to Section 47	74%	86%	73%	75%	82%	73%	78%	76%	83%	84%	75%	81%	-	-

Ref	Action	Lead	Deadline	RAG	Success measures	Progress to date	Impact to date
1.1	Strengthen the Early Help offer to ensure timely interventions that are well targeted and enable positive impact and improvement	Juliette Blake Sarah Rempel	30/04/23		C&F receive timely interventions due to early help offer (no waiting lists)	A 'Early help and Partnership Lead' started employment early December 2022 and has started her needs analysis/ info gathering to gain an understanding of the whole system for Early Help. She will then create and Options paper re this work. She will also work with partners/ community to strengthen Early Help offer. She has began meeting with partners and stakeholders, and agreeing with parents etc how to work collaboratively. This work is therefore progressing, alongside looking at the whole early help system in BCP and delivery.	The work has been in relation to the foundations and ensuring a whole systems approach, therefore the impact for children has yet to be seen.
1.2	Assess the effectiveness of EH or statutory assessment interventions and identify areas for improvement	Juliette Blake Sarah Rempel	30/04/23		Early Help and statutory assessment re effective and meaningful in addressing the needs of children and families which will result in less re referrals and timely interventions with more robust plans	At the moment, only Targeted Support carry out EHAs and no partner agencies. Work is underway through the Early help and partnership lead to rebalance the understanding of what Early help is and how it is delivered. Good progress made	So far, there is no impact for children and families, however longer-term this will offer a much more person-centred delivery of community services,

						<p>since December.</p> <p>EH1 and EH 2 have already been renamed- Early help and Family hubs is EH 1; Targeted Support is EH 2.</p> <p>Training of staff in targeted Support is agreed- financial provision to access this training is being sought through the transformation funding.</p>	and access to targeted support at the right time for the right child, without delay.
1.3	Improve quality, effectiveness, and timeliness of EH assessments	Juliette Blake Sarah Rempel	30/09/23		80% assessments to be completed within 30 days	<p>The timeliness of EHA has improved for the third month in a row, showing consistent practice and improvement. However, work is needed within the community to manage lower end needs to prevent escalating to level 3 Targeted Support. This is on track and progressing well.</p> <p>Further work needed around quality.</p> <p>The training will address some of the bigger needs and enable staff to offer bespoke work to families to address these needs. On track, but not yet delivered</p>	<p>The timeliness of assessments means less drift for children, and a faster service.</p> <p>Effectiveness is about the quality of that assessment, as good quality means more effective and better outcomes. However, the impact of the service offered and delivered needs further understanding.</p>
1.4	Improve assessment and support to unborn and new-born children.	Juliette Blake	30/9/22		Revised guidance implemented and embedded on pre-birth assessment to support unborn and very young children	Pre-birth policy, guidance and Toolbox in place since March 2022. This has been reviewed at SM Practice Surgery 4 th August 2022 and the protocols updated. The new version needs to be brought back to SLT for sign off, based on staff comments and what works in practice. However, this is about further improving and strengthening what is in place, as per learning culture.	The improvement in timescales enables less drift for unborn and new babies. Closer working together with Health helps ensure unborn babies who need CSC involved are identified more quickly, and information sharing aids that decision making, In addition, where issues arise, these are used to improve practice through a learning culture.
1.5	Removed and put into 1.7						
1.6	Work across the partnership to review the current thresholds and their use to ensure consistent application and effectiveness	Juliette Blake	31/8/22		Embed Threshold document across the service and ensure it is applied consistently	This work continues. Learning reviews with partners and internally now set up to look at the referrals coming into MASH. Further development will occur as these reviews become part of 'business as usual'.	Work to do to evidence impact, however consistent application of thresholds will result in the right child receiving the right service at the right time. At the

						Some of the current work has shown the lack of methodical approach in gathering information at the front door on which to base the decision as to the threshold- this, again, is being addressed with clear expectations of what needs to be understood before making decisions.	moment, this continues to fluctuate and therefore further work required to ensure a consistent approach and therefore clarity for children and families. The right service at the right time will help ensure issues identified are addressed swiftly for the child and family.
1.7	<p>Improve knowledge, skills, and confidence of risks to children from DA and how to best provide support to families to reduce risk</p> <p>Links to be made to the BCP Preventing Domestic Abuse Strategy 2020 – 2023, support for children has been identified through the gap analysis.</p>	<p>Juliette Blake</p> <p>Rachel Gravett</p>	31/5/23		<p>Better awareness across the staff in relation to the risks and impact of DA on the children within the family.</p> <p>BCP Preventing Domestic Abuse Strategy Group attending in October 2022 and Juliette will ensure the work undertaken is in line with BCP strategy.</p>	<p>Director of Safeguarding and Early Help now a core member of the DA strategy group. Bespoke training was developed after an SM Surgery so we could deliver what the staff need to know- this training was rolled out in December and January 2023.</p> <p>Challenges on staff attendance at training is improving, now that information is provided to Service Managers in relation to who has attended.</p> <p>Further work needed in relation to referring families to Up2U and DRIVE- some of this was to do with Police informing CSC that Drive was suspended until further notice, however it has now been clarified it is running [Jan 2023].</p> <p>DA tool kit now up and running.</p>	<p>Not yet able to evidence, however when the training is delivered, it is believed that increased staff confidence will enable a better delivery of service and assessment for the child and family, therefore reducing the number of repeat incidents of DA, and making the child safer within their home environment.</p>
1.8	<p>Improve consistency of application of practice standards and part of SW practice model</p>	Rachel Gravett	30/11/23		<p>Practice Model in place which is understood by the workforce and embedded into practice.</p> <p>Clear and concise crib sheets in place for daily practice</p> <p>Plans emanating from assessments are in line with agreed SW practice model and EH offer.</p>	<p>QA performance and Improvement Board established with PAG and QAG. QA framework has been reviewed and new framework launched.</p> <p>Challenges to embed consistency due to staff turnover – agency staff ratio continues to remain high new contractual pay supplement in place Jan 2023</p> <p>PLRs are evidencing there is still a lack of consistent practice across the service .</p> <p>Business case to DfE for funding of the Practice model currently underway.</p> <p>Practice Week 2 CIC has taken place with 3rd in planning phase for Feb 2023</p> <p>A Practice Standards document now being developed to aid staff in having all expectations in one document.</p>	<p>Signs of Safety has been agreed as the new practice model. Work being undertaken to plan implementation</p> <p>Service manager Surgeries in place in Safeguarding and Early help to support clarity on practice - devised by managers</p>

1.9	Ensure thresholds and timescales for strategy meetings are consistent.	Juliette Blake	31/5/23		thresholds and timescales for strategy meetings are consistent and in line with practice standards	<p>SM Practice Surgery held 24th October to look at strategy meetings and timescales across the whole system, and current policy versus current practice. S. 47 and Strategy protocol to be taken to SLT to sign off.</p> <p>Clearer understanding within the services around S. 47s- no longer anything described as 'amber Strategy discussions' as all are to be classed as urgent.</p> <p>Service Managers to shadow their Team Managers in delivering strategy discussions so that feedback can be given and more consistency gained.</p> <p>All strategy discussions are now carried out by a team manager, with exception of OOHs [when the TM may not be on duty].</p>	This will lead to timely intervention where a child is deemed to be at risk, or likely risk of significant harm. This, in turn, will help ensure the child is safe at the earliest opportunity.
1.11	Identify ways in which waiting times for domestic abuse perpetrator cessation and parenting programmes, and mental health support can be reduced and other ways in which early help services can be more readily accessible for families	Juliette Blake Sarah Langdale	31/5/23		Parents do not have to wait 6 weeks to access services	<p>SM Practice Surgery held 16th August 2022 explored domestic abuse, training, and waiting times/ programmes. Follow up SM Surgery held 10th October 2022. Tool kit for DA is now updated [WFD]. A meeting was held with Commissioning and WFD and, as a result, a bespoke training package created for staff.</p> <p>Part of Targeted Support, we plan to train FSWs to deliver bespoke, 6 session programmes to children and families. A meeting to be scheduled with Commissioning, WFD and the service to design bespoke training for FSWs, therefore enabling targeted support to be delivered in relation to DA. Training is identified, but we are waiting to see if Transformation funding is granted.</p> <p>Discussion held at the DA Strategy Group in January 2023 where it was confirmed that there are no children and families on a waiting list for Up2U- service managers have been asked to speak with staff to</p>	Not yet able to evidence, however when the training is delivered, it is believed that increased staff confidence will enable a better delivery of service and assessment for the child and family, therefore reducing the number of repeat incidents of DA, and making the child safer within their home environment.

						<p>ensure they are referring.</p> <p>More accessible access will need to be considered as part of the family hubs and Early Help offer.</p> <p>Funding has been identified for a DV Commissioner, discussions currently taking place in respect of where this position will be situated within the organisation. Meeting arranged for week commencing 30/01/2023</p>	
1.13	Coordinate work with maternity, health visiting services and other relevant services to improve the collective approach to identifying risks to unborn babies as part of a single strategic approach	Juliette Blake	31/10/22		Consistent approach to identifying unborn babies at risk or in need across all agencies	<p>Early Help Partnership Board monitor and review progress of unborn babies, thresholds, and timely referrals to MASH. First Board Meeting took place in May 2022. Pre-birth policy in place- now being updated to be aligned to practice and C&F assessments already in place.</p> <p>Service Managers in both MASH and CFF have regular meetings with Health colleagues, with pre-births being discussed in CFF on a monthly basis, and weekly in MASH. This is helping ensure swifter management of pre-births. Where there is delay, this is used as a learning opportunity.</p> <p>Conversations with PH have started to review and build multi agency family hubs- 'Best Start for Life', PAUSE Programme. This will need to tie with EH 1 work in relation to family hubs [tier 1 and 2].</p>	A faster identification of needs is resulting in a faster service being offered to unborn babies and expectant parents
1.14	Improve the approach and SW practice in relation to the identification and assessment of risks and approaches to risk reduction	Sara Scholey Juliette Blake	31/10/22		Improved analysis within assessment and decision making leading to successful plans	<p>There has been training offered to staff in relation to analysis, and also training in relation to professional curiosity. Equally there is work with the SLIP partners to address analysis/ management roles in this. However, we are awaiting the training for the model of practice. There is a need to revisit templates/ proformas on our IT system to make it more intuitive and to help bring consistency. Healthy curiosity and challenge is being role modelled from directors and we are starting to see this within the service manager group also. There is ongoing work in this regard and professional curiosity, however this is a cultural shift and therefore takes time.</p> <p>The use of chronologies and therefor considering the history is improving month-on-month. Further work needed re analysis and capacity to change.</p>	To be evidenced. The identification or risk means that children will be safer, and will enable the right services to be offered at the right time.

1.15	Ensure consistent and child focused approach to the use of chronologies in social work practice	Sara Scholey Juliette Blake	31/03/23		Impact chronologies on every child, aiding analysis and decision making	Chronologies are now insisted on to be provided as part of packs for panels, transfers etc to ensure adherence to good practice in completing chronologies. This continues to improve. Chronologies continues to improve month-on-month.	To be evidenced. However, in cases where the child's history/ chronology is referred to, it enables a better understanding of the child's lived experience and capacity to change. This, in turn, leads to better quality assessments and plans.																																				
1.16	Ensure that children's experiences are consistently and sufficiently considered and reflected on during supervision	Sara Scholey Juliette Blake Rachel Gravett	31/10/23		Child's voice evident in supervision and used to help inform decision making and plans	<p>Supervisions continue to be a focus area; PLRs still evidence it is not consistent and CIC audits by SLIP highlight as an area for further work to improve</p> <p>Supervision and M/O instruction given in QAG specifying standard and requirement to action-CS Imp Board instruction that the service should evidence a culture where there is a lack of tolerance where Supervision & M/O is not acceptable.</p> <p>Supervision compliance has reduced over the past few months which is of concern- this is inconsistent across different services and teams showing the need for supervisions is not imbedded. Service Managers are aware this is a major focus area and to address with team managers where this practice is not improving and not imbedding.</p>	<p>Impact is still to be demonstrated in practice.</p> <p>PLRs indicate overall most children's records indicate 'requires improvement' in this area. However, equally this is an improving picture with the highest good grade for Nov in core area of practice being the voice of the child.</p>																																				
1.17	Continue to improve oversight of PLO and care proceedings and evidence impact	Sara Scholey	31/8/22			Regular SD oversight on progress of PLO cases with SM PLO/Court team. This is reviewed monthly. Ofsted MV were positive about the tracker and progress.																																					
1.18	Reduce the number of times children and families experience changes of the named SW	Sara Scholey Juliette Blake Rachel Gravett	30/6/22		Less changes in social workers, more stable workforce 80/20 perm /agency ratio	<p>Contractual Pay Awards now implemented (Jan 2023) with new recruitment campaign starting end Jan 2023</p> <p>Caseload strategy being realised across most of the service and staff reporting more manageable caseloads</p> <p>HR IT system will not be in place until 2023/2024, having to manually keep information until this point. Pay review is awaited- we know from feedback of candidates withdrawing from interview that pay is a factor.</p> <p>Job adverts placed over Christmas 2022 with interviews 20th Jan TM and SW offers made.</p> <p>New cyclical interview programme in place for weekly interviews of applicant. Work being undertaken with Agency staff</p>	<p>National Figures show average caseloads in good and outstanding LAs to be 16 with Southwest Authorities and statistical neighbours at an average of 15. BCP caseloads have been variable across the service but are starting to steady, in September 2022 they are reported as detailed below. A new caseload average for teams was introduced in May 2022 and new structures implemented to</p> <table><tr><th>Caseloads</th><th>Average Caseload strategy May 2022</th><th>Range MARCH 2022</th><th>Range SEPT 2022 FOR TEAM</th></tr><tr><td>Assessment</td><td>22</td><td>25-44</td><td>17-25</td></tr><tr><td>Children & Families Fmt</td><td>18</td><td>28-35</td><td>10-23 (1 at 30)</td></tr><tr><td>CHAD</td><td>22</td><td>25</td><td>28</td></tr><tr><td>PI Disput</td><td>17</td><td>18</td><td>15 Ave</td></tr><tr><td>Complex Safeguarding Team</td><td>4-7</td><td>4-7</td><td>2-4</td></tr><tr><td>Care Experienced Young People</td><td>25</td><td>20-28</td><td>25 Ave</td></tr><tr><td>Children in Care</td><td>18</td><td>9-14</td><td>18</td></tr><tr><td>Eden Stream</td><td>20</td><td>21</td><td>20</td></tr></table> <p><small>*On 09/01 at 05 days to recruitment. Plans in place for this to be reduced.</small></p> <p>Some children and young</p>	Caseloads	Average Caseload strategy May 2022	Range MARCH 2022	Range SEPT 2022 FOR TEAM	Assessment	22	25-44	17-25	Children & Families Fmt	18	28-35	10-23 (1 at 30)	CHAD	22	25	28	PI Disput	17	18	15 Ave	Complex Safeguarding Team	4-7	4-7	2-4	Care Experienced Young People	25	20-28	25 Ave	Children in Care	18	9-14	18	Eden Stream	20	21	20
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						re conversion to perm .	people have experienced change during this period. The aim is to prevent moves wherever possible.
1.19	Improve the consistency and quality of recording of direct work with children	Sara Scholey Juliette Blake	30/03/23		Evidence on children's file of direct work tools being used consistently and voice of the child is being heard informing decision making. More children present at ICPC.RCPC, CIN and EH meetings	<p>PLR and deep dive audit and devise action plan to support direct work with children and consistency of recording. Weekly performance review to ensure compliance.</p> <p>Model of Practice will enable more consistency in terms of approach/ language/ recording.</p> <p>Training programme to deliver direct work with children training to staff. Blocks to implementation, attendance at training. All managers to attend Supervision Mandatory training by end August 2022.</p> <p>We are increasing the number of children accessing advocacy services. Increase in uptake of Advocacy by 77 in Qtr 2 -Too early to report on impact</p>	Impact not yet realised. Evidence of some good direct work from Practice Week with care experienced young people , but not yet consistently evidenced.
1.20	Eliminate drift and delay including in the assessment of risk for unborn and very young children	Juliette Blake Sara Scholey	31/7/22			<p>Multi-agency pre-birth 'tracker' is used to monitor timeliness of assessment and interventions. Weekly meetings between MASH OM, duty Assessment TM and Midwifery service are taking place to monitor and review all pre-birth cases. SM in CFF also having monthly meeting to review all pre-birth cases, this is helping to prevent and delays.</p> <p>Our assessment timeliness has improved month-on-month and now sits at 84.6% therefore suggesting less drift and delay. However, this does not look at the quality of practice and what work is actually occurring.</p> <p>The pre-birth policy and guidance is part of our practice fundamentals, and therefore helping ensure expectations are clear and addressing drift. Equally, there is improvement in management oversight and Supervisions, although still work to do. In August 2022, 57.2% of children's records showed supervision had been held within one month; 75.9% were shown as being held within the last two months. There is a direct correlation between drift and delay and lack of management oversight/ supervision therefore this is something we are continuing to drive.</p> <p>PLO and Court Tracker in place – all LGM cases revisited after 4 weeks to check</p>	<p>Swifter assessments means that children are able to access the right service at the right time, and a more proactive approach can be taken, rather than a reactive approach.</p> <p>IMPACT – minimal drift / delay from PLO decision.</p>

					<p>progress.</p> <p>Permanence panel reviewing progress of children's plans.</p> <p>Transfer policy updated November 2022 to ensure swift transfer of children to the right service- this is showing an impact, as very few children now showing as unallocated.</p>	<p>Decisions made generally at 12 weeks to go into court or step down preventing delay.</p> <p>Permanence plan is clear in a high proportion of cases – need to focus on achieving permanence</p>
1.22	Work with partners to review and revise Consent Guidance	Juliette Blake	30/6/22		<p>Consent is evidenced on the child's file, enabling improved information sharing.</p> <p>A Service Manager Practice Surgery to occur 17 August 2022, to include reviewing consent processes and agreeing a single approach across children's social care and early help. Second SM meeting now held- Legal advice now obtained in relation to updating the consent form, however an understanding of Pandorset procedures needs to be gained. A further SM surgery occurred 21st November 2022 and new consent form agreed at SLT and now live. The test will now be whether we can evidence consent forms on children's records- this will need to be tested possibly April 2023. Once we do this, the next stage will be to ensure assessments are being sent out to partners and children/ families, as this is not currently a BCP practice.</p> <p>The need to gain consent is reinforced with staff through service managers.</p>	
1.23	Broaden the scope of Edge of Care to include unborn and very young babies including use of Family Group Conferencing Service for early identification of extended family and friends and early permanence planning	Juliette Blake	30/09/2022		<p>The EOC Team is available to all children- unborn to 17yrs to prevent family breakdown increase in numbers of FGCs/FNMs</p> <p>Review of the EOC Panel occurred in July 2022, and the purpose has been defined as a multi-agency, holistic forum in which to consider services and input to help enable children to remain with their parents/ at home if safe to do so. The Edge of Care panel was adapted to cater for any child, including pre-births, where there is a risk of Care. However further work is required to ensure staff are utilising this service for this purpose.</p> <p>FGCs will be considered alongside FNMs, in particular as part of a targeted Support service . We wish to train up all FSWs to hold and deliver FNMs.</p>	

2. The experiences and progress of children in care and care leavers

Key Performance Indicators

	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	National	Statistical Neighbours
Children in care not on roll	4	12	11	12	12	10	9	8		13	19	18	-	-
Absence rate for CiC (for 12 months) - % sessions missed	Autumn term	Spring term				Summer term							-	-
Percentage leaving care with SGO			Q4 6%					Q1 4.2%		Q2 12.3%		Q3 4.5%	13%	13%
Percentage of 17-18s in suitable accommodation	94%	90%	93%	96%	96%	91%	89%	90%	91%	92%	91%	89%	90%	87%
Percentage of 19-21s in suitable accommodation	93%	92%	94%	94%	92%	92%	91%	90%	91%	91%	90%	91%	88%	88%

Ref	Action	Lead	Deadline	RAG	Success measures	Progress to date	Impact to date
2.1	An agreed approach to improving the educational experience and attainment of children in care	Sarah Rempel Kelly Twitchen	30/9/22		<ul style="list-style-type: none"> Attainment and progress levels achieved by CiC compared to national CiC benchmark data Care planning and education planning completed in tandem Ensure that the ambitions and aspirations for children as set out by the Virtual School are understood by SWs and PAs and translated into written plans Children and young people are supported in their school environment and professional are working together to raise attainment support with educational targets and consider long term career goals 	<p>21 care leavers attending university at the beginning of the academic year 2022/23</p> <p>Processes are in place but the demands on the service mean there are challenges in achieving this.</p> <p>Successful PA training this term, training now mandatory with all PAs due to have completed the training by September 2022. Wider service are attending training.</p> <p>Senior managers now using attainment and progress data to provide timely identification and support for young people who are not on track to achieve their educational potential</p>	<p>Attainment data –</p> <p>20% of CiC in BCP achieved Grade 4 + at the end of 2022</p> <p>12% of CiC in BCP achieved Grade 4 + at the end of 2019 (the last year GCSE examinations were taken)</p> <p>15% of CiC nationally achieved Grade 4 + at the end of 2022</p> <p>13% of CiC in the Southwest achieved Grade 4 + at the end of 2022</p> <p>Suspensions of CiC - Nov 2021 = 14 Nov 2022 = 22 Aut term 2021 =16 Aut term 2022 total = 25</p> <p>PEX of CiC - Nov 21 = 0 Nov 22 = 0 Dec 21 =0 Dec 22 = 0</p> <p>Attendance of CiC - Nov 21 = 89.5% Nov 22 = 89.6% Aut Term 2021 =89.15% Aut Term 2022 = 88.6%</p>
2.3	Work with partners to improve the health offer to children in care and care experienced young people, to include health passports	Sara Scholey Sarah Langdale	30/10/22		All Children coming into care have a timely IHA which is regularly reviewed in line with stat expectations	Increase in IHA documentation submitted to health within 5 working days. April 66% - November 90%. Increase of IHA's	Increase in IHA documentation submitted within timescale and

	<p>IMPROVED health offer TO CIC, CEYP including receipt of health passports, timely health assessments and regular dental checks</p>				<p>All CEYP will have access to their key health history from their child in care health review prior to their 18th birthday</p> <p>CIC and CEYP receive appropriate dental treatment and regular dental check up</p> <p>Mental Health</p>	<p>completed by health within 20 working days April 22% - November 30%. Regular monthly monitoring meetings with health take place to understand the delays and agreed exemption reporting. Acknowledging out of area (OOA) updates are delayed in reporting. Completion dates within 20 days have decreased further, majority of these are due to delayed notification, placement moves or OOA placements.</p> <p>Young people who had their review health assessment being sent their health passport and this is now also sent to the team to upload on the case file. Health colleagues have been to CIC and CEYP team meetings and are met INSIGHT 1st week in June to agree the best method of delivering passports. The June newsletter reminded young people of their health passports and what they are.</p> <p>Focussed work has taken place to address the recording of dental checks and health assessments. There are still some gaps in the data which are being followed up. CSC are recording all health reports that come through. Resource issue in health</p> <p>Work is ongoing with Health partners to address capacity issues preventing timely IHA and RHA with the recruitment of a dedicated health professional</p> <p>Mental health directory has been completed and disseminated for staff and young people.</p> <p>Pan Dorset CAMHS Transformation workstream has commenced. Vision is to transform the current CAMHS offer in line with the THRIVE model within a defined place/neighbour. SD and Children's Commissioning Head of Service involved.</p> <p>The service, MIT team and Health to align data. Some remedial work has taken place to ensure all RHIs are recorded in the correct area on the system. Ongoing issue is difference in the way health and CSC report on performance data. Health report better performance</p> <p>SLIP to support.</p>	<p>children entering care receiving an IHA within 20 days.</p> <p>Better information for staff and young people to signpost and access services</p> <p>Impact – still not being seen issue escalated to health colleagues</p> <p>Awaiting feedback from initial scoping meeting. Aim – to receive viable data to inform need and service requirements.</p>
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2.4	Care Leavers Hub fully operational for those wanting to access it.	Sara Scholey	30/09/22		<p>All Care leavers are fully informed of their rights and know how to access information and support and its I delivered in a timely way.</p> <p>The number of YP accessing services delivered through the 333</p> <p>Services delivered from the hub are accessible to all care leavers utilising a digital offer when required</p> <p>Positive feedback from young people utilising the service.</p>	<p>333 opened in August 2022. It's well utilised by our young people, especially the UASC Club Night on a Wednesday which usually has at least 20 young people in attendance.</p> <p>There is funding agreed to purchase a washing machine and tumble dryer so that we can support our young people with no laundry facilities to clean their clothes, and a shower room is on site for use if needed also. The hub is donated vouchers from community partnerships to prepare emergency food parcels for young people in urgent need and there is access to microwave meals, hot drinks and activities like pool and DVD's.</p> <p>Dorset Active has just agreed a £3000 grant to support the implementation of new group based activities for trial at 333, such as yoga, work is on-going with the Participation and Engagement Team to get this up and running.</p> <p>Insight, the BCP Care Leavers group, are actively involved at 333. They're running training workshops for our PA's at 333 in February and March, supported by the engagement and participation team her team, to outline expectations of 'good' service from the perspective of a CEYP.</p>	See 2.6
2.5	<p>SGO policy which is embedded in practice</p> <p>Increase in number of children leaving care through SGO</p>	Sara Scholey	01/06/23		<p>Increase the use of special guardianship orders in line with at least the national/SN/Good + OS average</p> <p>Target 14% of those leaving care through SGO</p> <p>SGO policy in place that is understood and embedded into practice</p>	<p>Q1 saw 4 SGO outcomes for CIC so still at 6% of those leaving care. Aspire report increase in referrals for SGO assessments.</p> <p>The SGO policy and financial offer has been reviewed and implemented in June 2022. An SGO paper was taken to ASPIRE Strategic Board in June, this has been revisited and an additional paper will go back to the next strategic board. ASPIRE have the capacity to assess up to 160 SGO in year across Dorset and BCP.</p> <p>Fostering matching panels in place (June / July 2022) for foster children to achieve permanence. Ongoing permanence panel reviews permanence plans for children in care.</p>	<p>Impact not yet realised. Within current proceedings the service has identified 12 children where the outcome is likely to be SGO.</p> <p>Some resistance from carers to move from fostering to SGO due to finance. Needs further promotion re benefits</p> <p>Long term permanence achieved for these children</p>

						<p>To date we have not reached our target number of children leaving care through the SGO process. The TOR's and the functionality of the permanency tracking panel has been reviewed with the aim of strengthening this process.</p> <p>Support from the transformation team has been identified to support within taking this forward.</p>	
2.6	CEYP understand their rights and are able to access up to date information regarding their access to accommodation and support	Sara Scholey	30/9/22		Ensure that care experienced young people have greater awareness of their rights, including choice of accommodation, and are supported in making decisions	<p>Hub up and running – improving access to information advice and guidance plan in place to expand out and use virtual access – equipment to be finalised.</p> <p>Care leavers offer agreed, initial launch in Practice week. Final comms adjustments are being made then comms plan for dissemination.</p> <p>Pledge updated and attached to offer. Care leaver newsletter bi-monthly. Further review of pledges with insight has taken place in September for feedback</p> <p>Financial entitlements linked to offer agreed e.g. Driving lessons (10)</p> <p>Care leavers Offer comms plan, to successfully launch following comms final design. Plan to develop 'what to expect from your PA guidance – (co-produced with YP) – November date</p> <p>Housing policy on standards of accommodation almost complete for sign off</p> <p>Co-production and review of corporate parenting strategy with young people underway</p>	<p>123 contacts within the 333 hub during September Double those in August (including launch day).</p> <p>The Groups are proving popular, particularly Club Class which has been consistently attended during September by our CEYPs who arrived in UK as UASC.</p> <p>Increased access to information and understanding of entitlements</p> <p>Improved keeping in touch figures in August / September</p>
2.7	Improve the use and effectiveness of advocacy and independent visitors	Sara Scholey	31/03/23		Ensure professionals are adequately informed of commissioned services such as 'advocacy' and choice / range of accommodation options available for care experienced young people.	<p>Tendering for a new service has commenced, scoring of applicant Oct 2022 Robust contract monitoring meetings with the provider to ensure the service is meetings its aims and objectives SLT has agreed that the contract value has been increased to ensure wider reach of young people.</p> <p>Advocacy used for UASC – not enough use in CIC and Care Leavers services being addressed with staff</p> <p>Increase in uptake of Advocacy by 77 in Qtr 2 -Too early to report on impact</p>	<p>All CIC and CL should have access to advocacy or independent visitor where they wish to</p>

						New Provider has been identified (Coram Voice), service transfer processes mobilised, new service shall commence on 1 st March 2023. There shall be clear and simple publicity materials in accessible formats provided. The Service (CSC) will ensure that the Council's staff are aware of the services provided and will provide information and guidance to staff. The service shall be overseen by Strategic Safeguarding & QA Service Manager.	
2.8	The voice, wishes and feelings of children are consistently heard in review meetings, care plans and pathway plans	Sara Scholey	30/03/23		<p>Child and YP voice is clearly visible in plans and review meetings</p> <p>Increase in number of C&YP taking part in their reviews</p> <p>Evidence through PLR that Child's voice is clear</p> <p>Feedback from Young people demonstrates they feel they are being heard</p> <p>Children will feel involved in their plans</p>	<p>Managers will QA care and pathway plans at the point of sign off, alongside IRO sign off. Service will review activity and progress. Views are sought for reviews.</p> <p>Care plans need to be co-produced wherever possible and children and young people need to own a copy. This is not yet consistent across the service although there was evidence of this found in practice week.</p> <p>PLR themed audit by QA service completed. Practice Week 11 July tested CEYP voice. This has evidenced some good practice, but still lacking in consistency across the service</p> <p>Lunch and learn sessions delivered through Practice Week</p> <p>High proportion of CIC participating in CIC reviews. In December 2022 80% of children participated in their LAC reviews.</p> <p>The practice week held in CIC in November 2022 identified inconsistency within the service, whilst there is evidence of good practice this is not widespread and needs further development. The CIC service now has a full complement of permanent team managers who need to support the development of practice.</p> <p>Practice Standards are in development to support social workers to understand their roles and responsibilities.</p> <p>Further bespoke training is being delivered to all practitioners in CIC in February 2023.</p>	<p>The highest area of rating within PLRs is Voice of the Child evidencing 43% as Good and 48% as RI. Some work to be done on the quality of that voice.</p> <p>Voice if the CEYP clear in most plans but further work to be done re professional curiosity within those discussions.</p>
2.9	Children and YP MH needs are addressed in a timely and appropriate way, and they feel safe and secure	Sara Scholey Sarah Langdale	30/03/2023		Improved mental and emotional health offer for children and to ensure that emotional support for children in care and care experienced	Pilot clinical support service offered to CiC, foster carers and professionals commenced on 1 st April 2022. Monthly	Impact of service to be measured against placement stability and

					<p>children is evident.</p> <p>Pick out success measures from EMHWP Strategy</p> <p>LAC Nurse role is understood and utilised to support the CIC</p>	<p>monitoring meetings have been arranged. Service shall continue into 2023 with developments based on data</p> <p>April – November = 79 individual clinical consultations on individual children offered, 57 used.</p> <p>April – November = total of 59 open cases (41 for BCP and 18 for Aspire Adoption). 17 BCP / 6 Aspire cases discharged. There is a waiting list of 7 in total.</p> <p>Review of progress against the EHWP and Mental Health Strategy required to evidence impact to young people.</p> <p>Mental Health practitioner was in place and providing support to staff and young people. This has now ended but directory has been created and disseminated</p> <p>Pan Dorset CAMHS Transformation workstream has commenced, PID drafted. Vision is to transform the current CAMHS offer in line with the THRIVE model within a defined place/neighbour. Children's Commissioning Head of Service leading. Service leads identified with project planning to take place during March / April 2023</p> <p>Strategic Group (ICS / CSC / Commissioning) established to review the learning from complex cases. Learning from Glos Trevone House (crisis care model) with a view of developing BCP model, provider identified.</p> <p>Relationships been developed with Pebble Lodge (Tier 4) provision, monitoring of delayed discharges by Commissioning. Support of DHUFT planning permission for new Child and Adolescent Mental Health Services (CAMHS) Psychiatric Intensive Care Unit (PICU)</p> <p>S117 processes be aligned with adult services / pan dorset approach. Integrated panel approach. Internal collaboration (CSC / Commissioning) to review system processes. Policy in final draft.</p>	<p>individual outcomes.</p> <p>Implementation of the <i>Dynamic risk register</i></p> <p>Implementation of the DfE Wellbeing Return for Education programme</p> <p>There is currently a gap in provision due to this service ending</p> <p>Awaiting feedback from initial scoping meeting. Aim – to receive viable data to inform need and service requirements.</p> <p>Potential integration to improve working together for young people</p>
2.10	Consistent standard of PEPs across educational settings and pupils have time and support to enable them to express their views within the PEP.	Sara Scholey / Kelly Twitchen	31/12/22		<ul style="list-style-type: none"> Monitoring of children's achievements and progress in PEPs on a strategic level Robust QA process for PEPs Pupil voice is present in all PEPs and is of good quality Pupil Voice informs education planning 	<p>Monitoring attainment and progress is now part of the termly regular reviews by senior managers and forms a focus for team meetings and supervisions.</p>	<p>Termly data</p> <p>Autumn Term 2022- 81% of PEPs met required standard compared to 76% in the Summer term 2022</p>

					and targets seen in the PEP	<p>Red/inadequate PEPs are reviewed termly to raise standards for all stakeholders and provide constructive feedback</p> <p>QA processes now analyses quality and use of pupil voice</p> <p>Team managers now have access to PEP documents so that a CSC contribution can always be made despite absence etc</p>	<p>Social Care section of PEPs completed - Autumn Term 2021 = 89% Spring Term 2022 = 89% Summer Term 2022 = 74% Autumn term 2022 = 86%</p> <p>Autumn Term 2022 - 96% of PEPs contained pupil voice compared to 78% in Summer Term 2022</p> <p>Of the 19% PEP rated as Red in Autumn 2022, 70% were due to SW non completion and 38% due to DT not met standard e.g. Pupil Voice / Targets</p>
2.13	Ensure there is adequate placement sufficiency	Sarah Langdale	30/9/22		Fully embed the CiC and CEYP Sufficiency Strategy and evidence progress against the 7 key priorities, impact on the lived experiences of children and young people.	<p>Year 1 2021/2022 review of progress has been completed and presented to O&S.</p> <p>BAU continues with a focus on working with local providers to secure regulated provision within BCP</p> <p>High proportion of children and young people placed with in-house foster carers</p> <p>Y2 Action Plan has been updated on progress and aligned to the Improvement Plan priorities.</p> <p>Data to compare initial position of Yr 1 to the end of Yr 2 has been provided and a final report to evidence progress shall be produced. Yr 3 objectives under the priorities shall be set by 31/03/2023</p>	<p>Since the commencement of the strategy there has been an increase in regulated residential provision within BCP.</p> <p>Care Leaver accommodation options have been increased through a partnership with a private landlord.</p> <p>Better local connections and support for children</p>
2.14	Sufficient accommodation available to Young People which is in line with an agreed standard and a variety of available options to meet YP needs.	Sara Scholey Sarah Langdale	30/12/22		<p>Agreement of a strategic approach to housing options for care experienced young people (CEYP) to ensure positive impact, choice and improvement in accommodation offered TO MEET our corporate parenting obligations through both housing and PAs</p> <p>A policy on the use of shared housing options (HMO) including the support and management of these</p> <p>BCP CEUP Joint Housing Protocol and management of housing needs.</p>	<p>Strategic housing project, replaced with Youth Homelessness Board, TOR agreed. BCP Youth Homelessness Strategic Action Plan has been produced. Workstreams and leads have been identified with bimonthly Boards to update and monitor progress. HAST and DfE face to face meetings will take place in Q4.</p> <p>Draft Accommodation and Support offer has been developed; this shall become an appendix to the overall CEYP Joint Housing Protocol. To be completed by end of Q3. Slight delay to allow initial meeting with young people to gain views of lived experienced and develop a working group linked to the policy.</p> <p>Weekly accommodation pathway panel in</p>	<p>Alignment of DfE KPI's and HAST recommendations provides a single strategic vision.</p> <p>Impact yet to be seen but workstream leads are working closely together with partners to implement changes to practice at pace.</p>

						<p>place identifying housing pathway for YP. All CIC aged 17.5yrs are now referred to housing for a joint assessment as a contingency plan alongside other planning option.</p> <p>Regular reporting of CEYP living in Joint Living Properties (JLP formally known as HMO's), B&B takes place at the monthly Q&A Board</p> <p>Dedicated CSC housing workers (x 2) recruited via DfE funding to support Homelessness and Rough Sleeping in young people (0-25yrs).</p>	<p>Reduction on use, assisted by robust joint working with housing and the implementation of the CSC 'Alternative to B&B' (A2B) in-house foster care scheme'.</p> <p>Young people at risk of homelessness identified at an earlier stage.</p> <p>Improved oversight and targeted planning to reduce drift.</p>
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3. Leadership and management

Key Performance Indicators

	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	National	Statistical Neighbours
Percentage of permanent social workers	67%	66%	69%	69%	67%	65%	65%	64%	62%	66%	55%	54%	84%	85%
Number of Practice Learning Reviews completed	n/a	n/a	6	16	42	46	37	67	48	47	53	46	-	-
Percentage of cases supervised by agreed frequency	66%	66%	69%	76%	68%	77%	70%	66%	74%	70%	66%	56%	-	-
Percentage of CIC participating in reviews	82%	78%	78%	79%	77%	91%	81%	95%	93%	90%	99%	97%	-	-
Days lost to sickness (CSC)	538	565	422	493	396	404	446	461	414	407	563	532	-	-

Ref	Action	Lead	Deadline	RAG	Success measures	Progress to date	Impact to date
3.2	Staffing establishment to meet needs, with a workforce that is 80% permanent with caseloads in line with policy	Rachel Gravett	31/3/24		<p>Permanent structures to be agreed and finalised supported by required funding</p> <p>Average caseloads policy implemented</p> <p>Reduced sickness levels</p> <p>Introduction of workforce stability strategy</p>	<p>CSC Pay review went live Jan 2023 and recruitment campaign starting end Jan 2023 with appointments made 220th JAN for TMs and SW. Recruitment and Retention Strategy – targets in place currently at 68:32.</p> <p>Revised structures in place within CSC teams with the exit of Eden Brown from Feb 2023.</p> <p>Caseload Strategy Implemented in May 2022. Now meeting caseloads, most of the time in teams.</p> <p>Ofsted noted that staff are encouraged by lower caseloads although there is still inconsistency across the whole service, caseloads are reducing.</p> <p>Work now commencing on Corporate Wellbeing offer and 9-day fortnight initiative, Intro payments, agency transfer to perm etc.</p>	<p>Safeguarding service – high turnover of staff is leading to multiple changes of worker for children.</p> <p>Corporate parenting – surge in staff leaving over the last 2 months.</p> <p>Some staff are reporting more manageable caseloads, with improving consistency across the service.</p>
3.5	<p>Highly competent management and leadership at all levels</p> <p>Developing leaders of the future</p>	Rachel Gravett	30/03/23		<p>Core leadership and management training to be available to Service Managers, Team Managers, and aspiring Team Managers.</p> <p>Work with staff and partners to develop and undertake 'having courageous conversations' training.</p>	<p>Training in place for new and aspiring team managers.</p> <p>Aspirant leaders training through ADCS.</p> <p>SEND leadership programme.</p> <p>Currently exploring bespoke leadership and management training for current team and service managers.</p>	<p>Feedback currently being undertaken -to report on impact next month</p> <p>Managers reporting confidence as a result of training and useful to have the time to share experiences with others.</p>

						<p>8 managers currently on the SLIP mentoring programme, with a further 7 completed in 2021</p> <p>3 managers completed ADCS programme, with a further 3 scheduled</p>	
3.6	A culture in which employees are supported and continuously encouraged to work as one team, caring for and about children and young people as their primary priority.	Rachel Gravett	30/01/23		<p>Establishment of a clear vision with underpinning priorities, culture, and values through co-production.</p> <p>A culture where everyone champions accountability, through a high support/high challenge approach.</p> <p>Corporate values embedded in each team – model and celebrate good examples of each value at team meetings and SLT.</p> <p>Improved results in corporate Engagement Survey for 2022/23.</p>	<p>Vision Task and Finish met 4 times to establish current draft of vision. Consultation with staff and YP,SLT,CMB . Shared at the Whole Service event and Extended leadership Meeting – Poor up take on consultation 93/1013 responses</p> <p>Corporate Comms now completing design work in order to launch in Feb 2023</p> <p>Corporate launch of Values and Behaviours imminent, co-produced with Senior Leadership Network</p> <p>Action plans, co-produced with teams in place as a result of the Corporate Staff survey. Senior Leadership network presentation on Values and Behaviours being disseminated within services. OUR STARS being embedded with the service to promote and recognise good practice and colleagues demonstrating behaviour and values.</p> <p>Progress Forum currently identifying new areas of priority after whole service event</p>	<p>Staff report that stability in leadership is having an impact on building trust. However, there are still significant concerns about recruitment and retention which undermine this.</p> <p>Positive feedback from the whole service event</p> <p>Positive feedback from Agency staff on what its like to work in BCP CSC .</p>
3.7	Quality Assurance and Performance frameworks embedded across Children's Services, which gives a reliable and accurate picture of the quality of social work practice.	Rachel Gravett	30/09/22		<p>Embedded QA and performance frameworks demonstrate progress and positive impact on children's lives.</p> <p>Learning loop embedded, with evidence of impact visible on children's files.</p>	<p>QA Framework launched March 2022. PLR return at 59% in Nov 59 % in Oct 2022. Good return rate from S & EH but very poor from CIC . QA Board require Exception report re CIC PLR returns</p> <p>New Governance arrangements for QA & Perf monitoring – through TM meetings /SMT/ PAG/QA Board /CS Imp Board. One cycle completed</p> <p>Young Inspectors programme to be developed when CIC Council further developed.</p> <p>Practice week on CIC took place in Nov 2022, positively received by CS and action plan being put in place re learning. Next practice week Feb 2023</p>	Green shoots identified which show learning loop from PLR and focused audits are being understood and actioned in the Safeguarding and EH service. SMs from Jan 2023 reporting on the closing of the learning loop.
3.8	Establish multi-agency training on key and emerging issues.	Rachel Gravett	30/12/22		A robust training offer in place, underpinned by a partnership needs analysis which identifies skills gaps.	Partnership QA sub-group currently establishing framework for multi-agency training	Impact will follow this.

3.9	Voice of children and young people is clearly visible and impacts on decisions in the delivery of Children's Services.	Rachel Gravett	30/09/22		<p>Dedicated and fully staffed Children's Rights and Participation team, which reaches across and influences the delivery of Children's Services.</p> <p>Voice of children and young people is heard strongly in conversation with and about children and young people, and consistently evidenced in case recordings, plans and strategies.</p> <p>Create a co-production charter with families and with children and young people.</p> <p>Embed co-production charter across all teams to ensure that families and children and young people are fully included in the production of PEPs, Care Plans, Pathway Plans etc</p>	<p>National Best Project award to 333 for co-production of new hub</p> <p>CIC /CEYP Celebration Event – goal to recognise every YP who attended for achievements</p> <p>Elected members training event to allow YOP to engage more closely with Elected members</p> <p>Reviewed the Advocacy service and invested with additional funding in order to develop the service, enhance the current offer and expand the reach. Increase in uptake of Advocacy by 77 in Qtr 2 -Too early to report on impact</p> <p>Work starting to expand the reach to include greater number of CIC, CEYP.</p> <p>Young inspector/QA scheme to be developed.</p> <p>Children and young people involved in Practice Week.</p> <p>A working group will be formed with children and families to devise a coproduction charter.</p> <p>The new coproduction charter will be disseminated across teams and coproduction will be evidenced through PLRs and service development activities.</p> <p>Childrens Rights Team working via SLIP on the Impact the work of the team is having on Children and Young people through mentoring</p>	<p>Excellent turnout with c,yp giving high praise for the event and what it means to them .YP voted for thier own shining stars</p> <p>Relationship building and increased understanding of different cohorts .</p> <p>Attempts to increase participation are not yet wholly successful due to only a small number of small recruits within Unite and Insight.</p> <p>Newly elected Members of Youth Parliament engaging well across BCP, recently attended national event and holding event with Councillors in Oct 2022</p> <p>Several groups supporting the development of the vision for Children's Services (Unite, Insight, MYP, Youth Forum, groups in primary and secondary schools).</p> <p>Lived Experience module within the CS Imp Board to hear directly from C&YP and staff</p>
3.10	Strengthened partnership arrangements which have clear and specific aligned priorities to develop services for children and young people in BCP.	Cathi Hadley	30/9/22		<p>Efficient, effective, respectful, and mutually supportive relationships with key partners to drive improvements and in support of partners wider priorities.</p>	<p>DCS has met with all partners to forge effective leadership across the system. CSP, PH, Health (commissioners and providers).</p> <p>With the development of the ICB new members of Health to engage with</p> <p>Review of the Pan Dorset Safeguarding Partnership and its interaction with the BCP Safeguarding Committee (and vice versa). CYPP has been closed and activity will be included in the BCP Safeguarding Partnership</p>	<p>Better relationships with health and police, evidenced in Monitoring Visit letter.</p> <p>Improved representation at partnership meetings.</p> <p>Accountability for SLT to feedback impact of attendance at all partnership meetings.</p> <p>Strong presence of partners at the Improvement Board.</p>

3.11	Management oversight is consistently visible and impacts on the quality of practice in Children's Services.	Sara Scholey Juliette Blake	31/12/22		All assessments, plans and interventions to be at least Requires Improvement standard (uplifted from compliance only)	<p>Learning from practice week July 2022, service improvement plans being created to implement learning loop, practice fundamentals training in place.</p> <p>SLIP audits August 2022 identified that the management oversight was evident on the majority of cases, although the consistency of how it was recorded varied. Continued drive is needed here, not aided by changes in social workers and team managers.</p>	Management Oversight PLRs indicate 54% RI and 39% Good with 7% as Inadequate This is an improving picture from previous months
3.12	Supervision is consistently visible and impacts on the quality of practice in Children's Services.	Juliette Blake Sara Scholey	31/8/22		<p>All SWs and TMs managers experience supervision which is consistent with high quality and impact, strengths-based advice, challenge and support, evidencing and role modelling professional curiosity.</p> <p>Decisions are made in a timely and assertive way, taking into consideration the child's history and experiences.</p>	<p>Supervision Skills for TMs is a Practice Fundamental- all managers to attend this module by August 2022.</p> <p>SLIP will ne undertaking work with our team manager cohort which will be beneficial in terms of an understanding of their role and requirements.</p> <p>Observations of supervision being undertaken in July /August- feedback to be shared.</p> <p>Supervisions for August were at 57.2% completed within the last month. As such, there is further work to do to ensure consistency and compliance in this area. What is not yet measured is the impact, although it would be suggested supervision would reduce drift/ delay.</p> <p>As of the appointment of the new CFF Service Manager, there will be a need for the service manager to closely track both CIN and CP children who have been open for 12 months or more to ensure progress is occurring.</p>	<p>Children are receiving inconsistent practice. This impacts on repeated interventions, evidenced by the high re-referral rate.</p> <p>Management Oversight PLRs indicate 54% RI and 39% Good with 7% as Inadequate This is an improving picture from previous months</p>
3.13	Implement Corporate Wellbeing Charter, with specific implementation into Children's Services.	Jo Pavey	30/09/2023		Develop a staff wellbeing plan in line with corporate policy to ensure that all staff are aware of and have access to robust wellbeing support	<p>A corporate Wellbeing Charter is in the process of being devised with input from the Senior Leadership Network. Presentation going to CMB w/c 31 October 2022</p> <p>Discussions have taken place with the Progress Forum regarding the wellbeing outcomes from the engagement survey and the managers are holding team sessions regarding the service engagement action plan, which will link to wellbeing.</p> <p>SLT session has discussed the proposals for a wellbeing group to be established with representatives from across the service and this is due to be discussed with Progress Forum.</p>	<p>Promotion of wellbeing activity on a fortnightly basis through the newsletter.</p> <p>Decision was for it to be part of Progress Forum who are currently working on how to implement through the service.</p> <p>CS Imp Board Lived Exp of Staff resulted in focus on Wellbeing</p>

						<p>Engagement survey team plans in place.</p> <p>Wellbeing added as a standard agenda item in team meetings.</p> <p>The intention is for Progress Forum to distribute another staff survey across Children's Services by the end of 2022 to gather further feedback from staff.</p>	
3.14	Streamlined case management recording into Mosaic for Children's Social Care.	Sara Scholey	30/6/2022 23/11/2022 23/01/2023		Move to a single case management system (Mosaic) for all children's social care records	<p>Migration delivered by KPMG. Delayed until December 2022. New case management system planned to be in place 24th Nov 2022 -further delayed until 20th Jan 2023</p> <p>Fortnightly reporting to DCS and exception reporting to CS Imp Board</p>	Staff having to use 2 separate case management systems for CSC recording.
3.15	Practice model implemented for Children's Social Care and Early Help.	Rachel Gravett	31/12/22		A practice model that is clearly understood and embedded consistently across CSC and EH.	Task and finish group proposed that SOS will be the practice model. Currently costing this up and working on implementation plan Business Case to DfE currently being written	Unclear practice standards across Children's Services.

COMPLETED ACTIONS REMOVED FROM MAIN PLAN

Ref	Action	Lead	Deadline	RAG	Success measures	Progress to date	Impact to date
1.12	Incorporate practice in relation to working with families who experience domestic abuse as part of the PLR audit cycle	Rachel Gravett	31/5/23			Incorporated into the PLR audit cycle and deep dive activities	
3.1	Permanent and stable leadership team in place	Graham Farrant Cathi Hadley	30/6/22		Recruitment of permanent DCS and senior leadership team with the required skills and behaviours to achieve the required improvement	DCS in post Feb 2022, all 4 Director posts appointed to. Ofsted reported that senior leaders demonstrate a thorough understanding of the issues and the improvements that are required. Self-Assessment that is reflective of where BCP CS are. SA demonstrates CS leaders know the service well and what to do about it.	Permanent senior leadership team who understands the quality and impact of practice and drive improvement at pace. Validated by Monitoring Visit June letter.
3.3	Improved communication and engagement with Children's Services workforce, leading to a trusted work environment and becoming an employer of choice.	Rachel Gravett	31/5/22		Communication and engagement plan enabling increased visibility of and access to senior leaders, which inspires confidence and trust Improved staff morale, increased staff retention, clearly understood vision.	Communication and Engagement strategy developed and launched to workforce in May 2022, now embedding with regular extended leadership and whole service events positively recovered. Newsletter fortnightly covering range of services Linked and supported by Progress Forum. Introduction of Talent Enablement policy. Introduction of Our Stars.	A more varied newsletter with information updates from across the service. Clear lines of accountability from SLT through to teams. Staff continue to report some poor communication through the system with staff stating time to read newsletters etc an issue because of work demands. Still needs further work to fully embed Whole service, ELT events now embedded
3.4	Robust governance arrangements for Children's Services – including all improvement programmes across Children's services and with partners	Rachel Gravett	30/05/22		Refreshed Improvement Board and supporting arrangements which ensures shared accountability within BCP Council and across the partnership Clearly understood vision and responsibilities for all partners, working as one for Children in BCP. Assurance that progress is being made in quality of practice resulting in children being safeguarded Open and transparent work ethic embraced and embedded by all	New Governance arrangements in place and embedding Childrens Services Improvement Board Quality and Performance Board in place and Performance Governance established.	Emerging culture of openness, transparency, and accountability, led by the DCS. Increased clarity and understanding of practice expectations within each service e.g. challenge in the system through QAG, PAG etc with managers responding to accountability positively.