

The improvement plan sets out the seven key areas for improvement as identified by Ofsted, further areas for improvement are then grouped according to the areas of the Safeguarding and Early Help Development Plan. This plan will be developed further with local authorities identified by the DfE to aid Herefordshire's improvement.

Actions contributing to the delivery of the plan will be reviewed weekly, fortnightly and monthly within the service. Updates will be provided to management board and to Cabinet as part of performance and budget reporting. Children and Young People's Scrutiny Committee will regularly review progress against the plan.

RAGB Status	Indicator / Definition	Actions
Red	"Action" is behind schedule. Performance measure not yet achieved	Director / Assistant Director will review the "Action" to identify the root causes of the red status. Action Plan owners will produce plans to prevent further deterioration and ensure action is back on track – plans will be approved by Assistant Director.
Amber	"Action" has experienced some issues. Delays forecasted. Performance measure unlikely to be achieved on time	Director / Assistant Director will maintain a watching brief over amber "Action/s". Action Plan owners will produce plans to ensure action is back on track – plans will be approved by Assistant Director.
Green	"Action" is on track. Completion date and performance measure is expected to be achieved.	Director / Assistant Director need assurance the "Action" is truly green.
Blue	"Action" completion date and performance measure achieved. "Action" complete/closed.	

Ofsted Inspection of children's social care services 04/06/18 - 22/06/18 - What needs to improve

Ofsted No. 1	Senior leadership urgency in implementing a robust and timely action plan to deliver improvements and to address deficits in social work practice						
RP 51	A leadership team with constrained capacity, lack of stability and, in some areas, poor performance.						
RP 61	Leaders and managers are aware of deficits in practice and service provision, but currently there is a lack of timely action planning to remedy this.						
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
1.1	Establish specific Service Area Action Plans to address immediate areas for improvement, these to be refreshed at least every 3 months to ensure they drive improvement. These feed into the overall Ofsted Improvement Plan.	31/08/2018	Assistant director safeguarding and family support	Action plans agreed and actions taking place	Improvements in core quality of practice is evident through performance and audit reporting	Action plans in place and actions are being delivered. Monitoring process established.	B
1.2	Develop draft Ofsted Improvement Plan to address Ofsted areas for improvement, building on existing development plan, self assessment and peer review.	21/09/2018	Director for children and families	Draft action plan complete.	N/A	Plan drafted and sent to Ofsted for initial view.	B
1.3	Cabinet sign off Ofsted Improvement Plan following scrutiny by Children and Families Scrutiny Committee.	18/10/2018	Director for children and families	Ofsted Improvement Plan signed off	Scrutiny have reviewed and made their recommendations to Cabinet. Cabinet have agreed the action plan.	Completed	B

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
1.4	Formally share Improvement Plan with Ofsted.	25/10/2018	Director for children and families	N/A	N/A	Completed - Explained to regional lead that Ofsted improvement plan would be refreshed every 3 months and further plans will focus on quality and embedding change.	B
1.5	Enhance management grip through weekly performance information, including timeliness of visits and assessments, to be used by team managers and heads of service.	from 10/09/2018	Assistant director safeguarding and family support	Visits completed within targets, assessments completed within 45 day timescale	Team managers are actively using the performance information, evidenced by improvements in performance within their teams.	Information produced and being shared. Performance booklet in used from 1/10/2018	B
1.6	Deliver and monitor Ofsted Improvement Plan and Service Area Action Plans using project management approach, fortnightly/monthly review meetings and reports. Quarterly updates to cabinet and children and families scrutiny.	from 10/09/2018	Assistant director safeguarding and family support	N/A	Change is evidenced	Monitoring process and procedure agreed and implemented.	G
1.7	Progress update sent to Department for Education (DfE) for 6 monthly review	01/04/2019	Director for children and families	N/A	N/A	N/A	G

Ofsted No. 2 The sufficiency of social workers and managers with capacity to cope with the need for services and the volume of social worker caseloads							
RP10	Social workers across this service have high caseloads. In addition, and because of delays in transferring to other teams, they are also holding a mixed caseload. This means that social workers are struggling with competing demands and are prioritising their work with child protection and court cases taking precedence. ... Evidence showed that there is effective child-centred practice that improves children's circumstances, but this is not consistent for all children.						
RP 16	Some children benefit from good direct work by social workers they know and trust, but this is not a consistent feature of social work practice. Children in this service experience too many changes of managers and social workers.						
RP 36	Despite this good work, the quality and progress of care planning is compromised for some children because of too many changes in social worker. This also means that it is difficult for children to build trusting relationships with their social workers.						
RP 52	Caseloads are too large, ineffective quality assurance and performance management and continuing difficulties in recruiting good quality social work staff and managers.						
RP 54	Despite this good work, the quality and progress of care planning is compromised for some children because of too many changes in social worker. This also means that it is difficult for children to build trusting relationships with their social workers.						
RP 55	Social workers from various teams are prevented from providing the quality of service they know is required because of excessive caseloads and ineffective deployment of staff. This is further hampered by a lack of robust, clear and timely management oversight and case direction. Senior leaders acknowledge this and now have the early stages of an improvement strategy in place. However, it is too early to see any impact.						
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
2.1	Cabinet to agree additional investment to support recruitment (£1.6m)	01/05/2018	Director for children and families	Cabinet agreed additional investment of £1.6m.		Achieved	B

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
2.2	Implement package of measures to support retention of experienced staff	01/08/18 - phase 1 (Market forces supplement, relocation, recommend a friend). 28/12/18 - phase 2 (learning accounts, retention payments). 29/03/19 - phase 3 (corporate employee benefits)	Organisational development business partner	Vacancies levels in Child Protection/Court Team	Child Protection/Court Team is fully staffed and internal movement other than for promotion is reduced to zero	Market forces supplement implemented across social worker roles. Increased relocation payment in place. Drop in sessions held to get staff views on next steps. Proposals drafted for consideration by mini-board. Individual learning accounts for social workers launched week commencing 22/10/2018.	G
2.3	Develop and implement revised career pathways to support professional and personal development	31/10/2018	Organisational development business partner	Number of appointments to social worker from student placements, Step Up and apprenticeships.	We have developed and implemented clear career pathways that staff tell us they understand - via health check and employee opinion survey.	Consultation on career pathway undertaken and first draft produced.	G
2.4	Identify additional routes to recruit and retain permanent employees, including collaboration with the West Midlands region	31/10/2018	Organisational development business partner	A number of new permanent employees in place via agreed routes	We have agreed new routes to recruit experienced people, have a plan of action and have implemented it.	Agreed an approach to increase ASYE's and route to overseas recruited.	G
2.5	Recruit a team of 10 agency social workers into the Child Protection/Court Team to provide six months cover.	22/10/2018	Organisational development business partner	Social workers recruited and team in place no later than 22/10/18	Timely and high quality services are delivered to children and families (frequent change of social worker and drift/delay is avoided). Social work caseloads are reduced and case transfers across the service are enabled.	9 in place in CP / Court teams	A
2.6	Recruit up to 8 newly qualified social workers to the Assessed and Supported Year of Employment programme and retain them within the organisation	from 01/09/2018	Principal social worker	8 Assessed Supported Year of Employment newly qualified social workers recruited		As of 20/09/2018 2 Assessed Supported Year of Employment newly qualified social workers have been recruited; with a further 2 candidates being interviewed on 08/10/2018	A

Ofsted No. 3	Senior manager's interaction with social workers to enable staff to feel listened to						
RP 57	Staff in some teams feel a strong disconnect from their senior managers, which is inhibiting improvement. If improvements are to be made securely, this needs immediate attention.						
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
3.1	Regular staff briefings on outcomes of Ofsted inspection and immediate steps.	31/07/2018	Director for children and families	Briefings complete and briefing materials distributed to all staff.	Staff surveys illustrate that staff feel engaged/informed/clear regarding areas for improvement and next steps. Staff feel more positive, their views are making a difference and a greater connect to Senior Management.	Briefings provided to staff at range of locations	B
3.2	Rolling programme of regular staff briefings regarding Children and Families Development Plan and underpinning philosophy regarding how to deliver services to children/families.	24/09/2018	Director for children and families/Assistant director safeguarding and family support	Briefings complete and briefing materials distributed to all staff.		Programme in place	B

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
3.3	Establish a variety of methods of communication, including monthly blog.	30/10/2018	Director for children and families/Assistant director safeguarding and family support	Staff access communication mediums	Staff surveys illustrate that staff feel engaged/informed/clear regarding areas for improvement and next steps. Staff feel more positive, their views are making a difference and a greater connect to Senior Management.	In place including monthly e-bulletin	B
3.4	Assistant director Open Door session to all staff once a month.	28/08/2018	Assistant director safeguarding and family support	Staff attend sessions.		In place	B
3.5	Staff views requested and received on how to improve methods of communication/ engagement.	03/09/2018	Director for children and families/Heads of service	Views collated/established/embedded.		Carried out during July/August. Review effectiveness Jan 2019. Suggestions implemented at staff conference, drop in sessions, and variety of communications	B
3.6	Implement Cascade Model of information sharing from Assistant director/ Head of service meetings to Head of service /Team manager meetings through to team meetings to embed information flow through the organisation.	10/09/2018	Assistant director safeguarding and family support	Model implemented/embedded.		In place	B
3.7	Senior manager's to increase level of interaction with staff/teams.	24/08/2018	Director for children and families/Assistant director safeguarding and family support and all Senior managers.	Positive feedback from staff at briefings.		Heads of service spending time working alongside staff in different buildings. Assistant director/director have programme of visits with teams. Director establishing programme of shadowing individual workers through the year.	B
3.8	Request staff views regarding changes required to improve social worker experience and implement outcomes.	06/08/2018 Review effectiveness 21/12/2018	Director for children and families/Assistant director safeguarding and family support and all Senior managers.	Positive feedback from staff at briefings.		Business support have taken on additional work and social workers have reported this is helpful and making a difference. Work taking place to enhance use of ICT to make work easier for Social Workers	G
3.9	Distribute Social Work Survey and encourage staff to complete.	30/11/2018	Director for children and families/Assistant director safeguarding and family support, Head of service, Principal social worker and Organisational development business partner.	50% of staff return survey results.		Staff survey launched; target of 50% not met 46 out of 130 surveys returned analysis taking place including reasons for low response	R

Ofsted No. 4 The pace of progressing child protection and child in need plans and the quality of practice with children in need							
RP11	The quality of services and practice for children in need is poor in many cases. Responses to their needs are too slow and lack the focus required to make meaningful changes to their situations. Current arrangements do not provide effective oversight, and while senior managers have developed an action plan to improve this situation, they do not ensure that all children in need are receiving the services they need in a timely way or that their needs are prevented from escalating.						
RP 13	The quality of child protection plans is too variable and is poor in some cases. ... Weaker plans lack sufficient details for families to see clearly what services are going to be offered, who will provide them, their responsibilities and the timescale for them to take particular actions. This makes it difficult for families to understand what needs to change and by when.						
RP 14	Children in need and children subject to child protection plans do not always receive timely visits. Over half of children who are the subject of a child protection plan are not visited the locally defined minimum amount or visited enough times to meet their needs in line with their plans. Children are not always seen alone when social workers visit. This means that children are not always able to develop meaningful and trusting relationships with their social workers. Further social workers do not always have a sufficiently full understanding of children's current circumstances to mitigate risk and to effectively progress the child's plan.						
RP 19	Identification of risk is not routinely followed up by well-coordinated and focused intervention, with the result that there are delays in progress for children. Often, there is too much focus on single issues, rather than understanding how risks relate to each other and then formulating an overarching plan to address this. The impact on children who are living in such circumstances is not well understood by senior managers, and assertive and timely action is not always well coordinated to improve their circumstances.						
RP 56	Too many children in need of help and protection and children in care are receiving a poor service. Practice is not consistently child focused. Planning for children is not always sufficiently robust or purposeful and this is compounded by management oversight that is not effective in addressing this. As a result, some children experience unnecessary drift and delay and their circumstances do not improve in a timely way.						
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
4.1	Establish accurate data of all open child in need cases	30/09/2018	Assistant director safeguarding and family support	Clear data set of Herefordshire child in need population established	Focused attention on reviewing child in need cases can take place	Data cleansing commenced in July 2018, to date over 200 cases categorised as child in need have been reviewed. We have established a clear baseline. Data refreshed on a weekly basis.	B
4.2	Review all open child in need cases	21/12/2018	Assistant director safeguarding and family support	All child in need cases have been reviewed by a Team manager or Head of service	Appropriate actions identified for children who's child in need plans have been subject to drift and delay	Reviews are now taking place	G
4.3	Review, revise and implement Herefordshire Child in Need guidance	30/12/2018	Assistant director safeguarding and family support	Child in need guidance has been understood and accepted by all social work and family support workforce across the children and families directorate	Children who require a child in need plan receive a consistent, timely and child focused service	Commissioned project manager to lead on child in need arrangements commenced 01/10/2018	G
4.4	A comprehensive action plan will be implemented to raise the standard and quality of child protection plans	30/11/2018	Head of service safeguarding and review	All Independent Reviewing Officer's (IRO's) and Team managers understand and accept principles and practice of Specific, Measurable, Achievable, Realistic, Timebound (SMART) child protection plans	All children who require a child protection plan will have a robust child centred child protection plan	Action plan in place, to date achievements made against timescales including Head of service reviewing quality of child protection plans in every 1:1 on monthly basis.	G

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
4.5	Targets will be set to measure improvement in timeliness of visits to children in need and children with child protection plans. The performance information will be reviewed on a weekly basis by Team managers, Heads of service and Assistant director safeguarding and family support.	10/09/2018	Assistant director safeguarding and family support / Head of service	Timescales set end of Sept 65%; end Oct 75%; end Nov 85%	Children will receive the service they require and deserve and statutory timescale visits are completed	Targets set. Met September targets for CP and LAC, did not meet target for CIN	A

Ofsted No. 5	The regularity and quality of social worker supervision
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RP 17	Social workers do not receive regular supervision, and when it does take place, it does not provide the necessary support and direction to ensure that all children's cases progress without delay.
RP 54	Leaders and managers have not been effective in overseeing and ensuring that social work practice flourishes. Their lack of grip and direction has resulted in a service where some decision-making is very poor, some staff do not receive supervision and workforce capacity is not at the level required to provide a good-quality service for children and families.

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
5.1	Recruit additional managers to enable increase in frequency of Supervision.	31/07/2018	Organisational development business partner	Additional managers in post.	We will see the supervision figures increase to target set at 80%	2 Team managers recruited to Child Protection /Court Team and 1 Managing Practitioner recruited to Looked After Children.	A
5.2	Establish fortnightly reporting on Supervision figures/numbers.	01/09/2018	Performance service manager	Figures available		Frequency of supervision data is now being received at end of September there were 43% of case supervisions and 79% of worker supervision being completed.	B
5.3	Undertake an audit of the quality of Supervision provided to Social workers by Team managers	30/12/2018	Heads of service	Audit completed	When the quality of supervision is consistently good.	Observation of supervision has begun in MASH / Assessment	G

Ofsted No. 6	The quality and purposefulness of management oversight and decision making and the existing quality assurance and performance management system
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RP 6	The current arrangements within the MASH are not fully collaborative. Domestic abuse notifications are not triaged prior to them arriving in the MASH, which places additional burden upon the MASH manager. Police notifications classed as medium or standard risk are reviewed by police development officers appropriately and on a daily basis. However, there is no social care oversight of these cases, and, currently, there are no agreed timescales for ensuring that all notifications are reviewed. The consequences of this is that any risks to children might not be identified in a timely way, or they might be missed entirely.
RP 17	Management oversight of frontline practice is not consistently effective. It is not evident in all cases and does not provide the robust challenge and direction needed to urgently progress plans and avoid drift and delay. Social workers do not receive regular supervision, and when it does take place, it does not provide the necessary support and direction to ensure that all children's cases progress without delay.
RP 42	Educational outcomes for children in care are variable across the local authority. The attainment of key stage 4 children in care has been in line with, or above, national levels for the last two years. The attainment of children in care in key stages 1 and 2 has been variable for the last two years. The local authority is aware of this variability and is committed to raising standards further. The electronic system that has been introduced to record children's outcomes does not provide the virtual school with sufficiently detailed information about the children's attainment and progress. As a result, it is not yet possible to fully track outcomes and respond accordingly to any identified issues or trends.
RP 43	The virtual school does not have sufficiently detailed information about the attainment of children in care, and schools report that children in care achieve mixed levels of progress. Targets within personal education plans are not specific or measurable enough to allow professionals to make an accurate judgement about the progress of children in care. This is particularly the case for looked after children and care leavers in secondary and 16-19 provision. Personal education plans do include the views and feelings of children in care.

Ofsted No. 6	The quality and purposefulness of management oversight and decision making and the existing quality assurance and performance management system						
RP 54	Leaders and managers have not been effective in overseeing and ensuring that social work practice flourishes. Their lack of grip and direction has resulted in a service where some decision-making is very poor, some staff do not receive supervision and workforce capacity is not at the level required to provide a good-quality service for children and families.						
RP 55	Social workers from various teams are prevented from providing the quality of service they know is required because of excessive caseloads and ineffective deployment of staff. This is further hampered by a lack of robust, clear and timely management oversight and case direction. Senior leaders acknowledge this and now have the early stages of an improvement strategy in place. However, it is too early to see any impact.						
RP 59	Senior managers acknowledge that their current performance and management information data is underdeveloped and does not provide sufficient accurate detail to support their understanding of what is happening in their service. This requires immediate and robust attention.						
RP 60	Quality assurance processes are undertaken routinely, but they are rendered ineffective because of a lack of follow-through on issues of concern. This is a missed opportunity to improve the quality of social-work practice and a failure of managers.						
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
6.1	Improve the quality and detail of performance information to enable managers to have a grip on how their teams are performing and take appropriate action where required	31/12/2018	Performance team lead	Accurate performance information is available and practice standards are improved	Managers are using performance information as business as usual and performance measures are improved	Data book has launched; reports on weekly visits and supervision in place. Local authority is working with Staffordshire and Doncaster	G
6.2	Recruit additional capacity into the performance team to improve the performance information and analysis	30/09/2018	Performance service manager	Additional posts are in place	Accurate timely performance data is available to all managers across the service and being used to drive up the quality of social work practice	Children's Service Performance team leader appointed. Further recruitment taking place to provide additional capacity	A
6.3	Review the development programme of Mosaic and establish further enhancements, plan and resources to deliver	30/12/2018	Assistant director safeguarding and family support	Mosaic supports the social work systems efficiently	Performance culture is embedded across the children and families directorate and enables us to take swift and appropriate action for areas that require improvement	Use the expertise from other local authorities via the DfE to support the development of the programme	G
6.4	Produce Performance Overview Report and review at Heads of service/Assistant Director meeting. Risks and highlights identified and reported to Senior management team (SMT) on monthly basis.	31/07/2018	Performance service manager and all Heads of service/Assistant Director safeguarding and family support	Report produced and discussed at monthly meetings.	Leaders at all levels have full understanding and grip of performance across the whole service. Appropriate/timely actions/intervention is taken by leaders at all levels when performance levels decline.	Implemented on 13/08/18	B
6.5	Ensure schools are set appropriate and rigorous attainment targets for looked after children; including English and Maths	28/09/2018	Head of learning and achievement	Appropriate targets set.	Educational outcomes for children in care will be in line with national or above for looked after children at Early Years Foundation Stage (EYFS), phonics, Key Stage 1 (KS1), KS2, KS4 and KS5 for all external performance measures in 2019 and beyond;	Training for schools took place on 26/09/2018 and included Herefordshire Council expectations regarding: targets, interventions, ePEPs and effective use of pupil premium funding for looked after children. Schools identified that have not shared targets and follow up challenge being undertaken.	A
6.6	Monitor progress towards targets schools set for looked after children.	30/08/2019	Head of learning and achievement	Targets achieved.		National data for external measures in 2018 not yet available.	G

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
6.7	Develop the Virtual School Team to enable robust conversations with schools regarding the progress pupils are making.	31/10/2018	Head of learning and achievement	Training completed	Gaps will reduce between Herefordshire looked after children and Herefordshire non looked after children	Training was delivered by Marlbrook Teaching School and Head of learning and achievement in the summer term on external progress and attainment measures. Further training booked for 18/10/18.	G
6.8	Ensure effective use of pupil premium for looked after children that enhances attainment and progress.	30/11/2018	Head of learning and achievement	Evidence of pupil premium being used appropriately.		The Virtual School Team is now risk (RAG) rating ePEPs for the quality of academic targets set. In July 238 ePEPs were RAG rated of which 10 were red (of which 7 were school issues) and 58 were amber. The seven schools who had a red risk rating ePEP did not receive pupil premium funding for that term.	A
6.9	Scrutinise data to identify key issues/trends in schools for LAC.	28/09/2018	Head of learning and achievement	Trend analysis completed.			A
6.10	Provide training to school staff regarding effective ePEP writing / how to conduct an ePEP meeting.	28/09/2018	Head of learning and achievement	Training completed.	Meeting structure revised to ensure progress towards all targets is monitored and scrutiny of interventions are in place.	A reviewed ePEP that contains sufficiently detailed information about children's attainment and progress is in from 01.10.2018.	G
6.11	Identify pupils at risk of not meeting targets early and ensure support in place from school's designated teacher for looked after children.	30/11/2018	Head of learning and achievement	Targets identified.	Adequate support is in place for pupils.	Evidence that the virtual school team routinely analyse the ePEPs in order that issues or trends are identified and recorded actions are taken to address any issues.	G
6.12	Ensure care leavers receive good support/careers guidance from 16+ Team.	30/10/2018	Head of learning and achievement	Analysis undertaken.	Pathway plans are more focused/reviewed more frequently.		G
6.13	Report on ePEP targets	30/11/2018	Head of learning and achievement	Report produced and discussed.	Targets reached and attainment improved.	All ePEP meeting minutes and ePEPs demonstrate that staff from the virtual school review and challenge progress towards these targets.	A
6.14	Quality assure ePEPs and provide feedback.	31/08/2018	Head of learning and achievement	ePEPs audited and feedback provided.	Improved standard of ePEP.		B
6.15	Heads of service required to audit 2 cases a month and provide feedback and learning to close the learning loop with individual social workers.	From September 2018	Heads of service	2 cases audited per month. 100% compliance required for all adults completed.	Evidence of cases being audited per month and feedback being provided to individual social workers		A
6.16	Revise audit tool to measure evidence of management grip and oversight in each case that is audited	From September 2018	Head of service safeguarding and review	Audit tool revised and updated and communicated	Evidence proves that management oversight is taking place on each case that is audited	Audit tool in place and audits are taking place.	B
6.17	Quality assurance responsibilities of team managers made explicit with a quality assurance forward plan, requiring them to audit 2 cases per month.	From October 2018	Head of service safeguarding and review / Assistant director safeguarding and family support	Quality assurance forward plan in place. 100% completion rate required.	Evidence of cases being audited per month		B

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
6.18	Monthly learning briefing circulated from Assistant director safeguarding and family support and Heads of service meeting to all social workers to embed learning	From October 2018	Head of service safeguarding and review	Learning briefing being circulated	Social workers are in receipt of the learning briefing and are able to embed the lessons learnt from the audits undertaken	Now taking place	B
6.19	Quarterly workshops held to improve quality and consistency to audit approach across all Team managers and Heads of service.	From 11/10/2018	Assistant director/ safeguarding and family support	Workshops being held on a regular basis	Workshops have taken place and the quality and consistency of practice improves across the children and families directorate	First workshops held through October	G
6.20	Assistant director to lead quarterly learning event with relevant service area to close the learning loop from the Quality Assurance Team Manager audit activity in service area.	10/10/2018	Assistant director/ safeguarding and family support	Learning events are in place	We are able to evidence that the learning loop is being closed and that the learning is embedded	First learning event took place in October focussing on quality of assessments	G
6.21	Establish a clear action plan to improve frequency and quality of quality assurance activity and establish a mechanism to evidence closure of the learning loop	From July 2018	Head of service safeguarding and review	Action plan in place with appropriate mechanism to close the loop	The frequency and quality of the audits improve and there is an appropriate mechanism in place to ensure closure of the learning loop	Quality assurance manager completed 3 month period of performance improvement activity in the assessment service, including auditing cases, providing feedback, following up on actions, provided workshops and best practice checklist.	B

Ofsted No. 7	The quality of life story work for all children
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RP 41	Too many children do not have life-story work completed and this means that carers do not have a comprehensive and accessible account of a child's life history to enable them to fully support children.
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No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
7.1	Recruit additional staff to carry out life story work	30/11/2018	Head of looked after children	Staff in post and backlog of life story work completed	Backlog of life story work is cleared	Business case approved for additional resource and recruitment underway	G
7.2	Life story work established as business as usual with resource in place to carry this out.	23/12/2018	Head of looked after children	Business plan signed off and recruitment of staff underway.	Life story work is carried out to a high standard and supports carers to share life story work with children	Business case approved for additional resource and recruitment underway	G

DP No.3	Delivering our Permanency Plan for looked after children
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RP 20	Work with families is not always consistently child-centred. Following an initial public law outline (PLO) meeting, in some cases the significance of what happens to a child is lost as the focus shifts on to the adults. Some letters before proceedings are too long and do not assist parents to understand what they need to prioritise and how they are going to be supported to change. Some children experience drift and delay at this stage, and review PLO meetings are not taking place in a timely way.
RP 27	The arrangements for children in private foster care are not well managed. Children do not receive a timely and responsive assessment of their needs or of their carers' abilities to meet their needs. Not all required checks are carried out and not all children have been seen in a timely way.
RP 30	The planning that follows is not always sufficiently robust or purposeful, and, as a result, several children have remained subject to these arrangements for too long. This has resulted in prolonged drift in progressing their care
RP 32	Children's care plans are of variable quality. Some are specific and clear, while others are overly long. In these plans, outcomes are not measurable and actions and timescales are recorded as 'ongoing'. In some cases, this has contributed to drift and delay for children

DP No.3	Delivering our Permanency Plan for looked after children						
RP 37	IRO visits to children are not always recorded on their case files, and so the IRO footprint is not consistently evident. IRO scrutiny and challenge to progressing plans and addressing drift is not always sufficiently robust.						
RP 38	Case records do not demonstrate that matching takes place at the point of children coming into care, and for some children permanence is not achieved within their timescales.						
RP 39	The authority's arrangements for delegating authority to carers is not sufficiently clear and has not been for some time, despite the issue being raised by young people previously. This is an important issue for young people and means that some foster carers are still unable to make appropriate day-to-day decisions on their behalf.						
RP 40	The local authority is struggling to provide a sufficient number of foster families, and in particular those that meet the needs of sibling groups and teenagers.						
RP 47	Not all young people have access to their health information. Inspectors identified this as an important issue for young people and the local community has agreed to take this forward as an area for immediate improvement.						
RP 50	Care leavers are aware of the advocacy service, although they feel that their voices are not always heard or taken account of. Access to mental health services for care leavers is difficult, and to date there is no strategy to improve this situation.						
RP 58	Sufficiency planning lacks effective strategic direction and future needs are not articulated clearly. This is compounded by the current commissioning strategy not being underpinned by a comprehensive assessment of future needs.						
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
DP 3.1	Head of Safeguarding and Review and case progression officer to review current PLO cases to identify any drift and delay and take appropriate actions to resolve.	09/10/2018	Head of Service Safeguarding and Review	No PLO cases subject to drift and delay.	Decisions on children's futures are taken in a more timely manner	Programme of case reviews now taking place.	G
DP 3.2	PLO letters to be revised regarding attendance/representation of parents and embedded in Mosaic	01/10/2018	Head of Looked After Children	Letters signed off.	Revised letters built into Mosaic and being used appropriately..	Completed	B
DP 3.3	Implement PLO Training	From July 18.	Principal Social Worker/Head of Fieldwork	Training implemented.	Drift/delay reduced. Timeliness in making decisions regarding children's futures improved.	Training commenced, delivered by legal services	B
DP 3.4	Head of service action plan established to improve IRO involvement in planning for children	01/09/2018	Head of Service Safeguarding and Review	Operational action plan is in progress and meeting its targets	Quality of children's care plan improves, every child has a SMART care plan and children are not subject to drift and delay.	Action plan in place and head of service progressing to timescales, including regular reviews of care plans in 1:1s	B
DP 3.5	Establish new panel arrangements which will review all s20 cases on a monthly basis	25/09/2018	Assistant director safeguarding and family support / Head of Looked After Children	Panel in place and operational	All children accommodated under s20 receive a review of their cases to ensure that there is no drift and delay in making appropriate plans for them.	New arrangements in place chaired by Assistant Director Safeguarding and Family Support	B
DP 3.6	Undertake monthly audits to ensure delegation of authority to foster carers is completed at point of admission to care	13/08/2018	Head of Looked After Children	Monthly audits take place and after a period of 4 months compliance can be assured	Fosters carers feel empowered to make appropriate decisions for children/young people in their care.	First audit undertaken on the 13/08/18 and did not evidence full compliance, in August 35% and this improved to 70% in September having delegated authority on file. Head of Service continuing to follow up with social workers on compliance to standards.	R

No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
DP 3.7	Implement named lead links between NHS mental health services and the 16+ care leaver service	01/10/2018	CCG – Mental Health lead	There are named leads for care leavers within mental health services and improved communication between services.	The 16+ care leaver service is confident that it is able to escalate and resolve any difficulties regarding access to mental health services		G
DP 3.8	Ensure that the mental health needs of care leavers are addressed by: developing care pathways for assessment and treatment; developing access to self-referral help and support; and supporting young people to take-up help with their mental health.	01/05/2019	CCG – Mental Health lead	Information available for care leavers on where to go and how to access treatment. Agreed multi-agency care pathway in place. Service measures to be defined as part of the development of service delivery	Frontline services and teams are able to access appropriate support with care leavers. Care leavers report they know how to access support if required and that its delivered at the right time to make a positive difference.		G
DP 3.9	Establish and implement the LAC Permanency action plan to avoid delay in achieving Permanency for children.	31/08/2018	Head of Looked After Children	Improvement in timeliness of achieving permanency for looked after children.	Children's life chances are enhanced by achieving Permanency in their future placements in a timely manner.	action plan in place.	B
DP 3.10	Draft placement Sufficiency strategy informed by LAC population estimates	31/12/2018	Childrens Joint Commissioning Manager	Draft strategy approved through council governance	There are clear expectations on the number and type of bed nights required to meet expected demand, and action plans in place to secure sufficient provision.		G
DP 3.11	In-house fostering recruitment targets and action plan in place as part of Sufficiency Strategy.	31/10/2018	Childrens Joint Commissioning Manager	Recruitment targets and action plan approved by DLT	Carer recruitment and retention rates increase to meet demand. Recruitment targets and performance is reported through CWB scorecard.		G
DP 3.12	Develop an appropriate format for the sharing of information with LAC health to ensure young people have access to their health records when they leave care.	21/12/2018	Head of Looked After Children	Format developed, signed off and implemented.	Health records are accessible to young people when they leave care.		G
DP 3.13	Social work academy to lead on embedding compliance with Private Fostering Guidance	30/12/2018	Head of Looked After Children	Guide embedded and practice is compliant with statutory responsibilities	Social workers and managers are able to identify private fostering arrangements and demonstrate understanding of statutory responsibilities. The needs of children living in private fostering arrangements are met.	This is being progressed and due to be completed by December 2018	G

DP 4 (i) Application and understanding of Herefordshire Safeguarding Children Board (HSCB) thresholds							
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
RP 2	A significant number of contacts are signposted away from children's social care, which means that too many children are being referred who do not need this level of support. A number of children who would benefit from early help services experience delay because thresholds are not appropriately applied or understood. This is an area that needs to be strengthened so that children and families who might benefit from early help are quickly identified and do not experience any delays in receiving the help they need.						
DP 4(i).1	Raise awareness at Safeguarding Board that too many children are referred to MASH who do not require this level of support - review thresholds.	21/09/2018	Assistant director safeguarding and family support	Issue raised/discussed at meeting on the 11/09/18.	There is an improved understanding of thresholds across the partnership and an improvement in the performance data that can be shared with partners. Contacts into MASH are decreased.	Assistant Director Safeguarding and Family Support has raised at Herefordshire Safeguarding Children's Board (HSCB) executive. Director for Children and Families and Assistant Director Safeguarding and Family Support met partner leads 21/09/2018 and established a partner improvement group.	B
DP 4(i).2	HSCB Policy and Procedures group revise Herefordshire Level of Need document to enhance understanding of thresholds across the partnership	30/11/2018	Principal Social Worker	Greater understanding of thresholds evidenced by decrease of contacts into MASH	There is an increase in the number of referrals that meet level 4.		G
DP 4(i).3	Reconfigure contact and referral process.	28/09/2018	Assistant director safeguarding and family support	Establish what percentage of contacts into MASH convert to referrals.		Process reconfigured, commencing on 01/10/2018	B
DP 4(i).4	Quality and appropriateness of referrals into MASH - improve process to feedback to refers on quality of requests for service.	30/11/2018	Assistant director safeguarding and family support	Process established.			G
DP 4(i).5	Re-establish MASH Partnership Forum meet monthly and ensure referral rates are a standing agenda item.	04/10/2018	Assistant director safeguarding and family support	Forum re-established.		Completed	B
DP 4(i).6	Early Help to be represented in MASH daily to ensure early identification of cases requiring this service.	13/08/2018	Assistant director safeguarding and family support	Early Help in MASH team.	There is no delay in providing early help and family support services to children.	Completed	B
DP 4(i).7	Develop Early Help Strategy 2018 - 2023 and delivery with partners and have in place from April 2019	01/04/2019	Early Help Manager	Strategy in place and owned across Herefordshire services	The Early Help offer is embedded and understood by all partners.	Initial proposals set out. Contact made with other local authority via the DfE to bring in learning from outside Herefordshire	A
DP 4(i).8	Deliver Early Help Assessment training to stakeholders on a monthly basis.	31/12/2018	Early Help Manager	400 Professionals trained.		364 Professionals trained by the 08/08/18.	G

DP4 (ii) Improving quality and consistency of practice							
RP 5	Poor recording in some cases means there is not always evidence in children's records that they have been seen or the extent of the direct work that has been undertaken with children.						
RP 9	In poorer assessments, and particularly where neglect is a long standing issue, social workers do not routinely consider historic concerns and their analysis can be over optimistic. Children are not routinely spoken to alone by social workers as part of their own assessments, and so subsequent plans are not informed by a child's view of their lived experience. In some cases, assessments are overly focused on the needs of adults.						
RP 12	The local authority has invested in graded care profile training to support social workers in dealing with cases of neglect. Despite staff speaking positively about this, no evidence of this training was seen being used with individual children.						
RP 24	The recordings of discussions with children lack analysis, with the result that it is not always clear how the information gathered informs safety planning for children.						
RP 29	Decisions for children to become looked after are not always based on up-to-date assessments. Assessments are not routinely updated to reflect changes in a child's circumstances and needs. Historical concerns are not always fully considered, and this means that some children whose circumstances had not changed should have come into care sooner.						
No.	Actions	By when	Delivery lead	Performance Measure	We will know it's working when	Progress	RAGB Status
DP 4(ii).1	All operational Heads of Service will establish, implement and progress improvement action plans to drive the quality and consistency of practice in their service areas.	21/09/2018	Heads of service	Actions are signed off by Assistant Director Safeguarding and Family Support	Monthly review of action plans evidences progress against targets	Action plans have been developed and being quality assured by the Assistant Director Safeguarding and Family Support	B
DP 4(ii).2	Decision to be made on the most appropriate social work model to be implemented across Herefordshire Children and Families Directorate and appropriate implementation plan established	31/08/2018	Principal Social Worker/Assistant Director Safeguarding and Family Support	Social Work Practice Model implemented and training undertaken.	We can evidence consistency and quality of practice.	Social work model identified. Director establishing support from local authority that has experience of implementing Signs of Safety via DfE improvement lead	G
DP 4(ii).3	Establish clear workforce development and learning plan for the 2018/19.	31/10/2018	Head of Service Safeguarding and Review and Head of Looked after Children	Workforce development plan signed off at Assistant Director / Head of Service group and ready for implementation.	Social work skills will be enhanced across the directorate to improve the quality and consistency of practice		G
DP 4(ii).4	Design/develop and implement 2 year Quality assurance and learning framework (QALF).	31/01/2019	Head of Service Safeguarding and Review	QALF Strategy implemented by 31/10/19.	The authority will have a strong learning culture underpinned by focused, collaborative, quality assurance work. This will provide meaningful learning to enable the organisation to continuously improve.	Revised audit approach including training now in place	G
DP 4(ii).5	Establish a comprehensive assessment improvement approach; to be delivered in all areas across social work practice	From 16/07/2018	Head of Service Safeguarding and Review	All teams have undertaken assessment improvement training	All children who need an assessment will receive a timely child centred, high quality assessment service.	Quality Assurance Manager completed 3 month period of performance improvement activity in the assessment service, including auditing cases, providing feedback, following up on actions, provided workshops and best practice checklist.	G
DP 4(ii).6	Targets will be set to measure improvement in timeliness of assessments. The performance information will be reviewed on a weekly basis by Team managers, Heads of service and Assistant director safeguarding and family support.	10/09/2018	Assistant director safeguarding and family support / Head of service	Timeliness targets set: end of Sept 60%; end Oct 70%; end Nov 80%	Assessment timescale targets are met	Targets not met	R