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Redcar and Cleveland Children and Families Service

Improvement Action Plan 2022

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**Introduction**

Ofsted carried out a standard ILACS Inspection of Redcar and Cleveland Children’s Services in June/July 2022. The report was published on 22nd September 2022.

This Action Plan in response to the 6 recommendations highlighted in Ofsted’s Final Report.

The Action Plan is overseen by the Executive Director of Children and Families Service and the Directorate Management Team.

Regular progress updates are reported to the Lead Member for Children and Families Service and Managing Director through the Quarterly Performance Improvement Board and to the Improvement and Scrutiny Committee.

**Rag Rating**

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| **RAGB Status** | **Definition** | **Actions** |
| Red | Action is behind schedule | Assistant Director will review the action to identify the root causes of the red status and report to Directorate Management Team. Action plan owners will produce a plan to address any delay. Plans will be reviewed by the Assistant Director and by the Executive Director at Performance Focus Groups. |
| Amber | Action has started and is on track | Assistant Director will maintain a watching brief over the amber actions. Action plan owners will report progress to the Performance Focus Groups. |
| Green | Action is completed | Action Plan owners to report assurance of completion at Performance Focus Groups. |
| Blue | Not yet scheduled to start |  |

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| **Recommendation 1:** **The effectiveness and consistent recording of management oversight, decision- making and quality assurance at all levels of the service.** | | | | | | |
|  | **Detailed Findings** |  | **Action/s** | **Responsible Officer** | **Timescale/s**  **(by end of)** | **RAG Rating** |
| 1.1 | A recently introduced professional helpline was observed during this inspection to provide inappropriate advice in one instance. Therefore, in a very small number of cases, professionals are not taking the right actions to safeguard children. Moreover, the service does not have an effective system to follow up with professionals when children require a service. | 1.1.1 | Undertake review of currently suspended helpline, focusing on specific issues highlighted through inspection, including recording management oversight of the calls received through the helpline. Outcome to include review/revision of all processes and procedures, a robust process for following up advice given to professionals, and recommendations (options for discussion and agreement via Service Manager) for next steps. | Service Manager – MACH/Assessment | Feb 23 |  |
| 1.1.2 | Dependent on outcome of options paper from 1.1.1. above, devise and deliver staff training on new process, produce new guidance and quality assure. | Service Manager – MACH/Assessment | Feb 23 |  |
| 1.2 | Senior leaders have recently revised their triage process in the MACH. This has led to a lack of transparency and, as a result, some children were found not to have a contact record when they should have; In the last six months, there have been a significant number of children who have not been screened to identify risk and any services needed to meet their needs. | 1.2.1 | Every contact received by the R&C MACH to be added to the electronic system as a contact record and screened by a social worker. | Service Manager – MACH/Assessment | Jul 22 |  |
| 1.2.2 | Commission an independent auditor to provide an external review of decision-making and triage processes in the MACH. | AD – Social Care & Early Help | Dec 22 |  |
| 1.3 | The line of sight meeting is failing to evidence the difference the leadership team is making to children’s outcomes. | 1.3.1 | Review the Terms of Reference for Line of Sight Meeting to make clear the purpose of the meeting, the recording and the impact of the management oversight. | AD – Social Care & Early Help | Nov 22 |  |
| 1.3.2 | Evidence of management oversight when cases are discussed in the line of sight meeting to be recorded on the child’s electronic record. | AD – Social Care & Early Help | Dec 22 |  |
| 1.4 | There is limited evidence of senior and team manager oversight on children’s records, which means that it is difficult to understand key decision-making for children.  The frequency of supervision does not support a focus on the progression of planning for children…and does not always allow for a consistent critical review of work to assess risks to children. | 1.4.1 | Review the practice expectations around the recording of supervision and the frequency at which it is held. | PSW  AD – Social Care & Early Help | Jul 23  \*date changed from Jan 23 |  |
| 1.4.2 | Evidence that there is senior and team manager oversight on children’s records. | Service Managers | \*Added after Jan 23 |  |
| 1.4.3 | Review the practice expectations in relation to the recording and quality of management decisions in order to evidence timescales and any actions identified. | PSW  AD – Social Care & Early Help | Jul 23  \*date changed from Jan 23 |  |
| 1.4.4 | Develop Practice Expectations for Children’s Services in relation to quality and consistency of practice. | PSW | Jul 23  \*date changed from Jan 23 |  |
| 1.4.5 | Cascade and launch the revised Practice Expectations. | PSW  AD – Social Care & Early Help | Sep 23  \*date changed from Jan 23 |  |
| 1.4.6 | Undertake regular quality assurance to evaluate the quality of management decisions and supervision. | PSW / QA Practice Lead | Feb 23 |  |
| 1.5 | Audit work does not consistently provide detailed evaluation of social work practice in all areas, as many audits remain too compliance-focused and are not progressing improvement effectively. | 1.5.1 | Secure support via the Sector Led Improvement Programme (SLIP), to focus on the development of our quality assurance work to provide a more strength-based approach. | AD – Performance, Quality & Partnerships | Oct 22 |  |
| 1.5.2 | Revise and embed the QA approach in line with recommendations from the SLIP work. | PSW / QA Practice Lead | Mar 23 |  |
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| 1.6 | Permanence decisions are not always made soon enough for those children newly into care. Senior managers are in the process of implementing a more comprehensive overarching system to ensure that they are more sharply focused on permanence planning and timeliness for all children. | 1.6.1 | Continue to develop the Permanence Tracker to ensure all children coming into care are tracked and that all permanence decisions are made in a timely manner. | Service Manager – CIOC & Resources  Service Manager –Safeguarding | Aug 22 |  |
| 1.6.2 | Implement a permanence panel chaired by service managers to review and track the timeliness of plans being put in place for children in our care. | Service Manager – CIOC & Resources  Service Manager –Safeguarding | Aug 22 |  |
| 1.7 | There are some children who have experienced multiple moves in a short period of time, affecting their ability to form stable relationships with carers. | 1.7.1 | Undertake an audit of children who have experienced multiple placement moves to identify relevant actions to improve. | PSW / QA Practice Lead | Oct 22 |  |

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| **Recommendation 1 Expected Outcomes:** |
| * The professional helpline, if reintroduced, has clear and transparent processes that provides the right advice to safeguard children and records the management oversight. * All cases discussed within triage are created as a Contact. * The Terms of Reference for the Line of Sight Meeting are clear and the discussion is recorded on the electronic case system. * Decision making is clear, concise, and evidenced on the child’s electronic record. * Supervision guidance is clear, with appropriate timescales for discussing and progressing cases and audits of supervisions evidences the impact of management input. * Audits are focused and strength based, supporting effective learning and service improvement and evidences impact of management oversight and guidance. * Permanence Decisions are tracked, monitored and enable timely effective oversight of care planning. |

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| **Recommendation 2:** **Work with the local safeguarding children’s partnership to address their understanding of threshold to improve the quality of referrals which meet the threshold for statutory services.** | | | | | | |
|  | **Detailed Findings** |  | **Action/s** | **Responsible Officer** | **Timescale/s** | **RAG Rating** |
| 2.1 | The initial screening (of contacts) by managers does not consistently consider the poor quality of information received from partners or the repeated patterns of harm and the effects on children; There are issues and delays with PPNs into MACH. | 2.1.1 | Chair of STSCP to raise a formal written challenge to the Police regarding the quality of PPNs. | Executive Director | Oct 22 |  |
| 2.1.2 | Police to undertake a review of the quality of PPN processes and agree a plan based on the findings. | John Bent  Cleveland Police | Dec 22 |  |
| 2.1.3 | Review the 'Guide to Professionals making a Referral' and continue to deliver training workshops to Partners regarding the quality of referrals. | Service Manager – MACH/Assessment | Jul 23  \*date changed from Feb 23 |  |

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| **Recommendation 2 Expected Outcomes:** |
| * Contacts received from multi-agency partners including the Police are of good quality and enable appropriate safeguarding decisions to be made. |

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| **Recommendation 3:** **The quality of written records including timely assessments and decision making to demonstrate impact for children.** | | | | | | |
|  | **Detailed Findings** |  | **Action/s** | **Responsible Officer** | **Timescale/s** | **RAG Rating** |
| 3.1 | The assessment teams are holding a significant volume of assessments which remain open for completion, although children are not being seen or offered interventions. This means that social workers and managers do not always know how children’s circumstances may have changed while they await a decision for a service. | 3.1.1 | Address the capacity within the assessment team, with a strong focus on recruitment to reduce caseloads. | Service Manager– MACH/Assessment | Jul 22 |  |
| 3.1.2 | Introduce a check point system at day ten where managers meet with social workers to track and record the progress of the assessment. | Service Manager – MACH/Assessment | Sep 22 |  |
| 3.1.3 | QA Team to deliver workshops to Assessment Teams in relation to 'good assessments'. | PSW / QA Practice Lead | Nov 22 |  |
| 3.1.4 | Team Managers to monitor the progress of assessments and delivery of interventions to ensure timely completion. | Service Manager – MACH/Assessment | Oct 22 |  |
| 3.2 | The social workers' knowledge and their understanding of children’s needs does not consistently translate into their recording, meaning that children would not be able to understand why decisions were made about their lives were they to access their records. The quality of recording and management oversight seen across all parts of the service does not enable a clear understanding of the effectiveness of planning for the child or their lived experience. | 3.2.1 | Develop and launch a Practice Expectations document, which includes clear guidance on case recording and management oversight. | PSW | Jul 23  \*date changed from Dec 22 |  |
| 3.2.2 | Undertake regular quality assurance to evaluate the consistency of case recording, including management oversight, within a Child's record. | QA Practice Lead | Quarterly  Monthly |  |
| 3.3 | Child protection plans do not consistently evidence contingency actions should there be limited progress for children. | 3.3.1 | Contingency Planning to be added as a sub heading in CP Plans so that the child and family has a bespoke plan.  \*New May 23 - QA Team to undertake Dip Sample. | Service Manager – Safeguarding | Sep 22 |  |
| Service Manager – MACH/Assessment |  |
| 3.3.2 | Audit to be undertaken to ensure that Contingency Planning is bespoke to the child and family, is included within CP Plans and is well evidenced. | PSW / QA Practice Lead | Feb 23 |  |
| 3.4 | For some children who have returned home under interim care proceedings, there is a lack of robust assessment of risk or a level of visiting which reflects children’s needs and monitors their progress effectively. | 3.4.1 | Develop and deliver a session to managers in regard to placement with parent regulations and the required robust information that is contained within them and expectations on manager’s quality assurance. | Service Manager – Safeguarding | Oct 22 |  |
| 3.4.2 | Review all new placement with parent regulation assessments from September 2022 to ensure that the analysis of the parenting capacity is robust. | Service Manager –Safeguarding  Service Manager – CIOC & Resources | Feb 23 |  |

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| **Recommendation 3 Expected Outcomes:** |
| * Capacity in the Assessment Teams enables good quality, timely assessments with robust management oversight. * Recordings on all children’s records support a clear knowledge and understanding of the child’s circumstances and the impact of intervention is evidenced within the recording. * Contingency Plans are recorded for all children and are specific to their circumstances. * All children returning home under interim care proceedings have robust assessments which includes an appropriate visiting schedule based on the level of need. |

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| **Recommendation 4:** **The response to neglect, homeless 16 to 17-year-olds and return home interviews with children who have been missing.** | | | | | | |
|  | **Detailed Findings** |  | **Action/s** | **Responsible Officer** | **Timescale/s** | **RAG Rating** |
| 4.1 | The effectiveness of assessment and interventions for children living in neglectful situations is inconsistent. There are some children who continue to live in neglectful situations for too long, with social workers not having specific tools to assess and understand children’s experiences. | 4.1.1 | Work with the Tees Safeguarding Partnership in the development of the Neglect Framework and Practice Guidance including the Six Question Tool. | PSW  AD – Social Care & Early Help | Dec 23  \*date changed from Feb 23 |  |
| 4.1.2 | Revise Redcar and Cleveland's Neglect Strategy based on the Tees Safeguarding Partnership's Framework. | PSW | Dec 23  \*date changed from Feb 23 |  |
| 4.1.3 | Launch the Neglect Framework and Strategy with developed tools through specific workshops and training that include partners in education. Link this to the impact of neglect that leads to children coming into care. | PSW | Dec 23  \*date changed from Feb 23 |  |
| 4.1.4 | Evaluate the effectiveness of the Neglect Framework and the Six Question Tool through quality assurance mechanisms which will include collaborative audits and/or brief case reviews. | PSW / QA Practice Lead | Dec 23  \*date changed from Feb 23 |  |
| 4.1.5 | Develop and deliver Practice Week with a focus on Neglect. | PSW | Nov 22 |  |
| 4.2 | Children who are aged 16 or 17 years old who present as homeless are not consistently advised of their rights and entitlements. For the majority of these children, the local authority is not proactive in locating and speaking to them, to ensure that they are protected from harm and are living in suitable accommodation. | 4.2.1 | Review the Homeless Strategy, Policy and Procedure for how young people who are homeless will be supported and by who (linking in with Adult's Services). | Service Manager – MACH/Assessment | Feb 23 |  |
| 4.2.2 | Recording on the young person’s electronic record clearly evidences the rationale for why ongoing support check ins are required, and if they aren’t management oversight provides clear rationale why. | Service Manager – MACH/Assessment | Feb 23 |  |
| 4.2.3 | Workshops to be developed and delivered to all Practitioners in regard to the Policy and Procedure for how young people who are homeless will be supported. | Service Manager – MACH/Assessment | Mar 23 |  |
| 4.2.4 | Evaluate the effectiveness of the workshops through quality assurance mechanisms which will include collaborative audits and/or brief case reviews. | PSW / QA Practice Lead | May 23 |  |
| 4.3 | When children go missing from home or care, return home interviews are not held consistently and are often out of timescales, limiting full information- gathering to enhance safety plans to reduce risk effectively. | 4.3.1 | Regularly remind staff of the process and timescales involved in return home interviews following children and young people being missing. | Statutory Social Work & Early Help Service Managers | Jan 23 |  |
| 4.3.2 | New Missing from Home Return Interview Form to be launched to improve information recording. | Care Systems | Jul 23  \*date changed from Apr 23 |  |
| 4.3.3 | Regular dip sample of cases where interviews have not been undertaken within timescales, to identify any common themes which have prevented the interview taking place. | VEMT Co-ordinator | Feb 23 |  |
| 4.3.4 | When exploitation is evidenced this is captured within the core group meetings and the care plan and any links to actions from VEMT are also evidenced. | Service Manager – Safeguarding | May 23  \*date changed from Mar 23 as added dip sampling |  |
| 4.3.5 | Report quarterly to Corporate Parenting Board on children who go missing. | VEMT Co-ordinator  SI & Performance Officer | Dec 22 |  |

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| **Recommendation 4 Expected Outcomes:** | | | | | | |
| * For children living in neglectful situations, assessments are clear and utilise the Neglect Framework Six Question Tool. * Homeless 16/17-Year-Olds receive a consistent response regarding their rights and entitlements. * Return Home Interviews are offered for every missing episode and where children consent, the interviews take place within the prescribed timescales. * CP Plans evidence exploitation and are reviewed fully within core group meetings and make reference to attendance at any VEMT meetings. | | | | | | |
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| **Recommendation 5:** **The use of unlawful and unregulated placements and the application of the correct legal framework around the child.** | | | | | | |
|  | **Detailed Findings** |  | **Action/s** | **Responsible Officer** | **Timescale/s** | **RAG Rating** |
| 5.1 | There are at least 20 children placed with family or friends who are not approved as carers, meaning that these arrangements are unlawful, being outside the safeguards provided by regulation. In some instances, minimal checks are completed before requests for viability assessments, and there is delay in progressing carers to receive full connected carers’ assessments. Thus, the ability of carers to meet children’s needs is undecided and children are not being secured timely care arrangements. This also affects what children are entitled to as care experienced children in the future. While senior managers have oversight of these arrangements, it is not leading to appropriate action to expedite legal security for many children. | 5.1.1 | Further develop the Permanence Tracker to include any placements that sit outside of regulations to ensure that decisions are made in a timely manner. | Service Manager – CIOC & Resources  Service Manager – Safeguarding | Aug 22 |  |
| 5.1.2 | Permanence panel chaired by service managers to review any children who sit outside of the regulations and ensure that actions and planning is timely and robust. | Service Manager – CIOC & Resources  Service Manager – Safeguarding | Aug 22 |  |
| 5.1.3 | Devise and deliver workshops on the process of assessing and approving connected carers. | Service Manager – CIOC & Resources | Nov 22 |  |
| 5.1.4 | Review cases that sit outside of regulations and identify actions for each individual case. | Service Manager – CIOC & Resources | Aug 22 |  |

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| **Recommendation 5 Expected Outcomes:** |
| * Viability Assessments are timely and thorough with suitable care arrangements arranged without unnecessary delay. * Oversight of children who fall outside of regulations within a Permanence Panel Meeting is robust. * All social workers and managers are aware of the process for approval of Family and Friends carers on a temporary basis and the timescales involved in assessment. |

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| **Recommendation 6:** **The corporate parent response to care leavers** | | | | | | |
|  | **Detailed Findings** |  | **Action/s** | **Responsible Officer** | **Timescale/s** | **RAG Rating** |
| 6.1 | The corporate parenting board is committed to the participation of children in influencing service delivery and service developments, although this is not consistently embedded. Furthermore, not all members understand the needs of care leavers, and the need to be aspirational in planning and developing opportunities for them. | 6.1.1 | Specific training and induction for all Elected Members will include the role of Corporate Parenting. | AD – Performance, Quality & Partnerships | Dec 22  Jul 23 |  |
| 6.1.2 | Consistently embed the voice and influence of children and young people into Corporate Parenting Board. | AD – Performance, Quality & Partnerships | Dec 22 |  |
| 6.1.3 | Develop and secure a Mayor's Pledge to encourage Elected Members' involvement with Corporate Parenting Board. | AD – Performance, Quality & Partnerships | Feb 23  Jul 23 |  |
| 6.1.4 | Invite Corporate Parenting Board Members to participate in Practice Weeks. | AD – Performance, Quality & Partnerships | Nov 22  (cycle of Practice Weeks) |  |

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| **Recommendation 6 Expected Outcomes:** |
| * Children and young people’s participation at Corporate Parenting Board is embedded. * Members of Corporate Parenting Board understand the needs of Children in our Care and Care Leavers and provide aspirational support and challenge to the Local Authority. * Members who attend the training have a better understanding of the role of being a Corporate Parent and the needs of Children in our Care and Care Leavers. |