

Ofsted Action Plan

| Action | Leads | Deadline | Indicator | Target | Travel |
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| Priority 1: Assessments of children who are missing or who are at risk from child sexual exploitation. | | | | | |
| Practice workshops to be rolled out across CSC, 0-25 and TYSS focusing on EH and C&F assessments of adolescents in relation to contextual safeguarding | All Head of service and Group Managers | Workshops by end of Feb 19; indicators by April 19 | Improved accuracy in reporting of missing figures Improved accuracy in reporting of CSE figures Increase in CSE/missing risk assessment tools on file Risk Management Panel (RMP) reporting evidence of impact | <ol style="list-style-type: none"> 1. C&F assessments or the RMP panel identifying CSE/CCE - an initial risk assessment tool will be completed in 100% of cases 2. 100% of risks assessed as emerging, moderate or significant will have a risk flag on their ICS file 3. All children missing who have an identified risk of Child Criminal Exploitation to be tracked at MACE panel monthly. 4. 100% of MACE plans to be added to ICS child's file | |
| Audit to be completed in relation to improvement in quality, use of tools and appropriate analysis | QA | April 19 | Completed audit | <ol style="list-style-type: none"> 1. 100% of cases with CCE identified will have a risk assessment completed 2. Practice workshops to promote compliance to current procedures will be held in every CSC team. | |
| Priority 2: The use of chronologies in underpinning children's assessments. | | | | | |

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| Practice workshops to be rolled out across CSC, 0-25 and TYSS addressing the use of good quality chronologies and the link to analysis in assessments | QA | Workshops from Dec 18; indicators to met by June 19 | Mandatory attendance by all relevant staff Quality of chronologies seen to improve in all audits | <ol style="list-style-type: none"> 85% of cases will have a chronology Termly practice workshops to be completed by every CSC team. Minimum of 75% of chronologies graded as good from audit | |
| Chronology champions to be identified in each team to share knowledge and expertise in best practice | All Heads of Service and Group Managers | Nov 18 | Each team aware of champion and discussed in team meeting | <ol style="list-style-type: none"> 14 chronology champions will be identified Champions trained to deliver changes and improve practice. | |
| Chronologies to be covered in the main audit drop ins to be provided by QA | QA | Ongoing | Take up monitored by QA Team and feedback to CSMT quarterly | <ol style="list-style-type: none"> Senior Management Team audit evidence grade improvements Qlik data evidences % increases on chronologies completed | |
| Cases will not transfer across teams without the completion of chronologies that meet the PCC standards/compliance guidance. | All Group Managers | Ongoing | Heads of Service to audit 10 chronologies per month | <ol style="list-style-type: none"> 100% cases transferred have the chronology audited 3 case files audits completed by Team Managers each month Senior Management Team (SMT) to complete 10 chronology audits a month to measure chronology standard. | |
| Priority 3: The number of return interviews that are successfully completed with children who have been missing from care. | | | | | |

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| The development of the Missing, Exploited and Trafficked (MET) Hub to encompass most of PCC and CCC Children in Care | Head of Service Integrated Front Door (MASH) | Dec 18 | Restructure complete; the new processes in place across PCC to improve on best practice Development of Qlik dashboard to enable more timely monitoring of RHIs | <ol style="list-style-type: none"> 85% of RHI to be completed within 72 hours Notifications to NYAS of a child missing within 1 working day | |
| Review of NYAS contract and tighter monitoring put in place by MET Hub manager | Head of Service Integrated Front Door (MASH) and Head of Service Commissioning | Jan 19 | Improve the specific contract measures Improve the referral mechanism through a centralised process Audit of number and quality to be carried out in March 19 | <ol style="list-style-type: none"> 30% of NYAS RHI to be audited monthly RHI loaded to ICS child's file within 72hrs of completion | |
| Priority 4: The quality of information provided to care leavers about their rights and entitlements, including how to access their health histories. | | | | | |
| To refresh and improve the current health history pro forma and ensure that awareness of them is raised with Care Leavers and staff | Head of Service & Group Manager Corporate Parenting | Feb 19 | Working group led by Cllr Aitken and Deborah Spencer LAC Nurse to work in partnership with YP create a finalised product. Audit of numbers on file Survey of YP to establish their understanding and use of the health history | <ol style="list-style-type: none"> All children looked after aged 16 and over will have a health passport Participation and its incorporation into the local offer to be finalised. | |
| To refresh and improve the pro forma in relation to Rights and Entitlements and clarify this through the Local Offer | Head of Service & Group Manager Corporate Parenting | Feb 19 | Working group refreshing entitlements led by LC Team Manager in partnership with the Leaving Care Forum and | <ol style="list-style-type: none"> All Care Leavers aware of how to access up to date information on the website | |

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| | | | Participation Team create a finalised product Audit of numbers on file Survey of YP to establish their understanding of their rights and entitlements | | |
| Priority 5: Consistency of management oversight, including recording of casework supervision across all social work teams. | | | | | |
| Small group work sessions to be carried out with all managers to develop recording skills in this area and to enhance how reflective supervision is evidenced on the file | All Heads of service and Group Managers | Dec 18 to March 19 | All managers have completed sessions Reflective supervision clear on files from audits Actual supervision activity monitored monthly Annual supervision survey results | 1. All Team Managers to access QA audit sessions 6 monthly | |
| Management oversight audit drop in to be provided to all managers with casework responsibility | | By April 19 | QA report 6 monthly on management oversight | 1. QA provide evidence of the consistency of management oversight Children's Social Care Management Team (CSMT) quarterly | |
| Refreshed supervision policy to be updated to include Family Safeguarding expectations | Assistant Director Children's services | Nov 19 | Policy on Insite and has been shared at all team meetings | 1. Policy updated and added to children's procedures 2. Audit of compliance and impact of new supervision policy from 12 monthly SMT audits | |