

## **People and Communities**

# **Children Social Care Quality Service Improvement Framework for Children and Young People**

**April 2018 – March 19**

<b>Author</b>	<b>Lesley Hutchinson</b>
<b>Draft of this QAF</b>	<b>21.04.17</b>
<b>Revised draft v5 includes Ofsted recommendations and plan</b>	<b>28.01.18</b>
<b>Reviewed v6 for 2018/19</b>	<b>30.04.18</b>
<b>Final approved</b>	<b>SLT 4.06.18 Service Improvement Board 6.06.18</b>

<b>Contents</b>	<b>Page</b>
1. Introduction and Purpose	3
2. Scope of the Framework	4
3. Governance Arrangements	5
4. Current Position	7
5. Approach to Quality Assurance	7
6. Practice Standards and Principles	8
7. Quality Assurance Mechanisms for 2017/18	9
8. Review of Quality Assurance Framework	10
<b>Appendices</b>	
1. This is how we do it ...Here	11
2. Roles and Responsibilities PSW; Service Development Manager; Head of Safeguarding and Quality Assurance; Deputy Safeguarding Lead and Strategic Commissioning Officer	15
3. Participation Standards	17
4. Summary of Assurance Mechanisms for 2017/18	22
5. Ofsted Action Plan	30
6. Audit Arrangements	52
7. LSCB Assurance Framework	53

## **1. Introduction and Purpose**

- 1.1 This Framework sets out the assurance arrangements for the delivery of Children Social Care Services which enable the vision to be achieved.
- 1.2 The assurance arrangements enable the Council and Elected Members to be satisfied through evidence that Council Children Social Care Services are provided to a high standard; that support is offered appropriately and at an early stage reducing the risk of escalation and that children are kept safe from harm and effectively safeguarded with improved outcomes.
- 1.3 The assurance arrangements can be made available to families and stakeholders as required to provide them with confidence that the Council monitor the quality of its Services and are a learning organisation, taking opportunities to identify and make improvements as required to enable better outcomes for families.
- 1.4 The Framework articulates the roles and responsibilities of all Officers – frontline staff, senior managers and commissioners, Directors, Chief Executive and of Elected Members and the role of the LSCB takes.
- 1.5 This Framework builds on the previous Quality Assurance Framework for Safeguarding Children which was written in 2013; over the last few years this has been superseded by a revised audit arrangement, the regular reporting performance summary expectations which are a requirement of the Service Level Agreement meetings (mentioned below). This Framework brings together the existing strands and is a step further towards bringing consistency in assurance mechanisms (though they need to be tailored) and the cycle of the mechanisms. The existing strands of assurance include:
  - Arrangements that Children Social Care Services teams have in place to monitor their own activity and quality of work including the Principal Social Work role and the quality audit arrangements;
  - Monitoring and assurance activity that takes place via the Children and Young People Commissioning teams through the Service Level Agreements (SLA) with the operational teams. The internal SLA has been in place with Children Specialist Services since April 2013 (this includes information from the Safeguarding and Quality Assurance Service which incorporates the LADO, Independent Review Service, Child Protection Chair team, Complaints, Training and Workforce and LSCB/LSAB support) and for Children Targeted Services since April 2015;
  - Monitoring and challenge via the Senior Leadership Team;
  - Reporting and challenge from the Corporate Performance Team and Chief Executive via the dashboard;
  - Scrutiny arrangements with Elected Members and Corporate Parenting;

- Challenge and oversight from the LSCB (particularly via the audit and performance sub groups and the Child Sexual Exploitation and Missing sub group)

1.6 This Framework seeks to enhance the culture of learning and staff involvement in quality assurance activities and promotes the This is How We Do It Here commitment (see Appendix 1).

## 2. Scope of the Assurance Framework

2.1 The following Council provided service areas are in scope under this Framework:

- Children on the edge of Children's Social Care threshold
- Children in need of help and intervention support from Children's Social Care
- Children in need of protection from harm from Children Social Care (includes the Child Protection Chairs and court applications)
- Family Placements – Adoption, fostering and other forms of permanence eg, Special Guardianship Orders
- Private Fostering
- Children in the Care of the Local Authority – Looked After (includes the Independent Reviewing Service)
- Children with disabilities
- Young People between 16 and 18yrs who are homeless
- Care Leavers between 18 and up to 25yrs
- Commissioning teams (including the Placement, Contract and Commissioning team). These teams are held to account via the Health and Wellbeing Board; the LSCB and the Corporate Team via the Directorate Plan.

2.2 The work of the LADO, complaints and Childrens Workforce are also in scope.

2.3 The following other Council Service areas are **not** in scope under this Framework and report to the Senior Leadership Team or another strategic group:

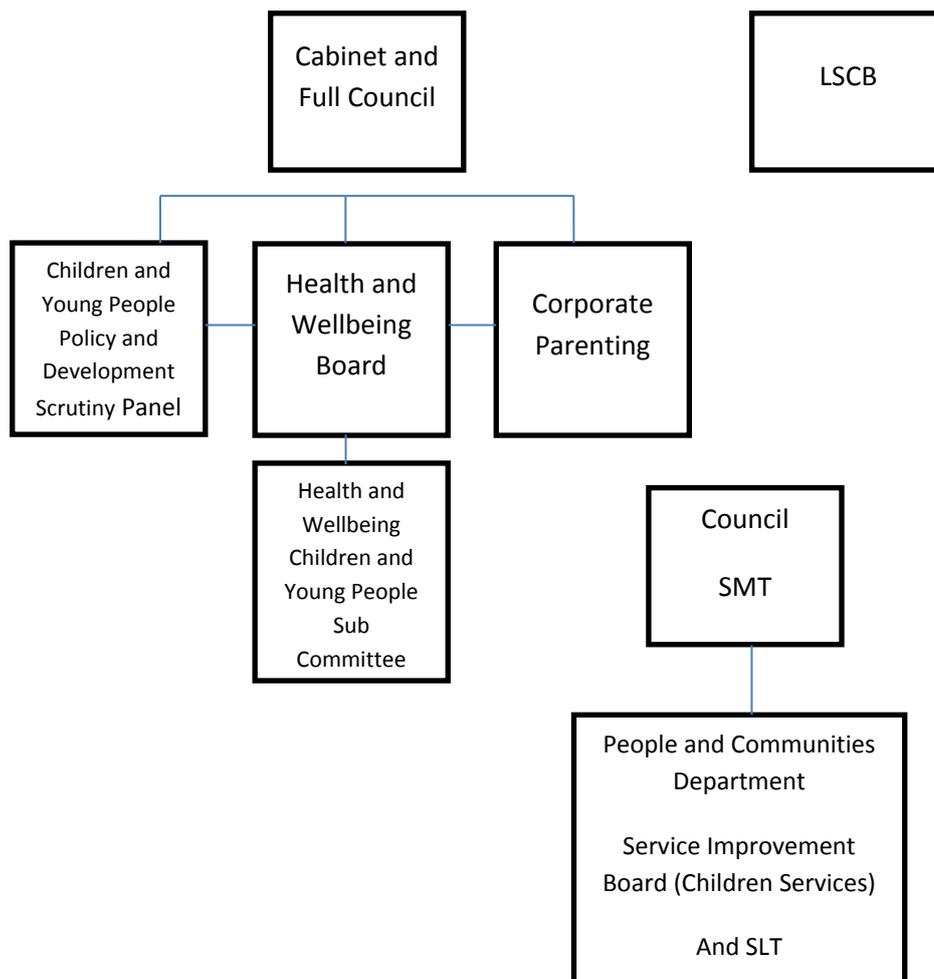
- Maintained schools – there are separate assurance mechanisms for Local Authority schools and these are through the School Improvement Team and the Corporate Audit team and the Virtual School.
- Youth Connect
- Educational Psychology
- Hospital Education
- Youth Offending Service
- SEND
- Children Missing Education

2.4 Services which are commissioned by Children Services or Public Health (such as First Steps and Barnardos) are not in the scope of this Framework as they are not delivered by Council Children Services however there are robust contract and commissioning arrangements in place. The LSCB Performance Indicators are included within each of these contracts and a Safeguarding Toolkit supports Officers carry out their Performance Management of these services.

### 3. Governance Arrangements

3.1 The Corporate Director for People and Communities is accountable for monitoring compliance with the Framework. The Director for Children Services, Senior Commissioning Managers and Director of Safeguarding and Quality Assurance are responsible for ensuring the mechanisms are complied with.

#### 3.2 Governance Assurance Chart



### **3.3 Roles and Responsibilities of members within the governance arrangement in terms of Quality Assurance**

Note roles are not in a hierarchical order.

- Frontline staff (includes all members of the teams in scope): all staff are expected to understand the legal framework; practice to a high standard; engage in learning, reflection and training; keep abreast of research and new evidence to support practice; practice in accordance with local and national policies and procedures. By doing the above staff support the Quality Assurance Framework
- Team Managers (including Senior Practitioners and Assistant Team Managers) are responsible for robust management oversight of cases; monitoring caseloads; monitoring staff training; provision of monthly supervision and annual PDCs; auditing and observing practice; analysis of performance reports; responding to complaints; keeping abreast of research
- Head of Services, the Service Development Manager and Principal Social Worker are responsible for ensuring robust management oversight of cases; preparing reports; analysing and monitoring activity and quality of service delivery (audit and observations) in accordance with local and national policies and procedures; overseeing the production of new and revision to existing policies, procedures, protocols, practice standards and guidance; keeping abreast of research and new ways of working; identifying service improvements; responding to complaints; implementing the mechanisms in the Quality Assurance Framework; disseminating learning to staff ; onward reporting to Scrutiny Panel, Corporate Parenting, Senior Leadership Team as required (Appendix 2 sets out the different roles of the Service Development Manager and the Principal Social Worker)
- Performance & Data Manager responsible for reporting performance in line with the Service Level Agreements; monitor and scrutinise performance activity against 'like' authority and national data sets; undertaking bespoke reports if there are areas of concern in performance; reporting performance to Health and Wellbeing Board and Children and Young People Sub Committee as required, Senior Leadership Team, Scrutiny Panel as required.
- Senior Commissioning Managers and their teams are responsible for agreeing and reviewing performance against the Service Level Agreements; undertaking bespoke reports if there are areas of concern in performance and practice (including quality audits); keeping abreast of changes in legislation and service developments; developing the strategic direction of Children Services; reporting performance to Health and

Wellbeing Board and Children and Young People Sub Committee as required, Senior Leadership Team, Scrutiny Panel as required

- Director of Safeguarding and Quality Assurance, and Deputy Head of Safeguarding and Quality Assurance are responsible for the oversight of cases; ensuring policies and procedures are complied with; analysing and monitoring activity and quality of services; overseeing the implementation of this Quality Assurance Framework; overseeing the delivery of the LSCB Strategic Plan 2018/21 and the Boards Assurance Framework (Appendix 7). Onward reporting to Health and Wellbeing Board and Children and Young People Sub Committee; Scrutiny Panel, Senior Leadership Team, Senior Leadership Team as required.
- Director of Children Services responsible for the quality of practice and performance; ensuring improved outcomes for children and families are achieved; reporting to scrutiny panel; Health and Wellbeing Board and Children and Young People Sub Committee; Senior Leadership Team; Council Corporate Team; Corporate Parenting; LSCB and Elected Members.
- Corporate Director for People and Communities is accountable for all areas of the Service, has the statutory responsibility as the DCS and is responsible for ensuring the safety of children across B&NES and those B&NES have placed at a distance.

#### **4. Current Position 2017/18**

4.1. As at 31<sup>st</sup> March 2018 the following number of children and families were being supported by CSC:

Number of children on a CP plan: 176

Number of children in care: 168

Number of children in need (sec 17): 610

#### **5. Quality Assurance Approach**

5.1 The success of service delivery is based on hearing and responding to the needs of children and families, implementing policies and procedures and good practice standards, achieving agreed targets, raising standards and demonstrating improved outcomes. The success of this requires commitment and understanding from the whole workforce. Whilst the focus of the Framework is on Council delivered services it is acknowledged that this can be impacted upon by the involvement and commitment of partners.

5.2 The approach to quality assurance is:

- **Outcome focussed** – we will challenge ourselves on what difference the assurance activity contributes to improved outcomes for children and families. We will consider what support we need to put in place for the workforce to improve the outcomes. We will look at risk assessments and decision making as required to inform this and we will use outputs (data) to help identify areas for improvement. An outcomes based accountability approach will be developed in the future .
- **Inclusive** – equality and diversity issues will always be taken into account to improve outcomes and practice
- **Participative** – the Participation Standards (Appendix 3) will be applied as appropriate and evidence of the involvement of children, families and carers will be sort
- **Consultative and reflective** – we will use a consultative and curious questioning approach which will: encourage an awareness of quality issues; enhance reflective learning and ensure ownership is taken of the findings
- **Transparent** – we will deliver clear messages about the purpose of the quality assurance activity and how it supports improved outcomes for children and families and benefits the Council by encouraging openness. We will be clear when our findings identify issues which need escalating and we will share good practice
- **Ethical** – we will always endeavour to:
  - i. Respect participants privacy and confidentiality if required eg, SCRs and multi-agency reviews
  - ii. Only look at areas which we think will make a difference and will also extend and develop our knowledge
  - iii. Make sure we use the findings to create change, which leads to improved outcomes
  - iv. Use public resources in the most effective way possible

## 6. Practice Standards and Principles

- 6.1 Each area has its own practice guidance and quality standards documents which are reviewed regularly and which we used to measure the quality of practice against.
- 6.2 Our standards are informed by legislation, statutory regulation and guidance, research evidence, findings from Serious Case Reviews and other reviews and audits. They are also set by the Professional Capability Framework (BASW), the Health and Care Professions Council (HCPC) Standards of conduct, performance and ethics and by Ofsted via the Single Assessment Framework and Joint Targeted Area Inspection findings.
- 6.3 The Practice guidance and quality standards are underpinned by the following Principles:
- **Ensure children are safe and well** - all children are safe, have the opportunity to learn and develop in an emotionally warm and supportive

environment with adults who are attuned to and consistently meet their needs

- **Be conscious of the child's journey** - our aim is to understand the life experience of children and their families to inform assessments/practice as well as through our services by measuring the impact of services against the outcomes achieved for the child and the people who are important to them
- **Be timely** – children and their families are seen and receive services at the earliest opportunity to support change and reduce the impact of any difficulties on the outcomes for the child
- **Learn and develop** – utilise learning through self-assessment, scrutiny of services, feedback and quality assurance processes, by doing this we are able to make continuous improvements
- **Listen** – hearing the views and opinions of children, young people and their families about their situation will inform practice and planning and develop the effectiveness of the working relationship
- **Evidence based** – by developing our reporting requirements and feedback systems to improve the quality of the management information available we will inform developments at all levels. We will keep abreast of new research and guidance to support the way we practice
- **Be consistent** – raise awareness and understanding of the Practice Standards required by promoting and recognising good practice, supporting staff and colleagues to be effective

6.4 Documents are available on tri.x, the Children Services Dashboard, the South West Child Protection Procedures or the LSCB website. Appendix 4 lists the documents, date written and date of review. The documents are written in line with regulations and legislation.

6.5 There is an expectation that staff will challenge others both internally and externally if they are of the view legislation and regulations (including Working Together to Safeguard Children ) are not adhered to. The LSCB Escalation Policy for Resolving Professional Disputes 2016 is the process staff follow if they have a concern about the practice of members of staff. Staff can also access the Council Whistleblowing Policy or Human Resource Policies as appropriate.

6.6 There is however a formal mechanism where challenge will be routinely reviewed between IRO and CPCs and Children Social Care Heads of Service.

## 7. Quality Assurance Mechanisms for 2018/19

7.1 In order to assure ourselves that we are identifying and meeting the needs of children and families to the best of our ability we gather information from a wide range of sources. We will triangulate the information to ensure we have

an accurate picture about what is actually happening on the ground. The information is both qualitative and quantitative.

- 7.2 The Summary of Quality Assurance Mechanisms for 2018/19 are included in Appendix 4. The mechanism, content, methodology and reporting cycle are included in the appendix.
- 7.3 Progress against the assurance mechanisms will be reviewed at a range of meetings including the Service Improvement Board, SLA meetings and Senior Leadership Team.
- 7.4 A full year progress report of the Framework will be undertaken by the Director of Safeguarding and Quality Assurance annually. This report will be reported to the Corporate Director in June of each year and will contribute to the review of the Framework. It will identify areas of focus for forthcoming year for Children Services. It will also help inform the work of the LSCB.
- 7.5 Risk registers are held and routinely reviewed by Children Social Care Services and by the Safeguarding and Quality Assurance Team.

## **8. Review of Quality Assurance Framework**

- 8.1 The Framework will be reviewed and updated annually and signed off by the Corporate Director (DCS). The first review will be completed by June 2018.

## **Appendix 1**

### **THIS IS HOW WE DO IT ..... HERE**

#### **Introduction**

The purpose of this document is to encourage discussions between ourselves as a group of staff about the attitudes and behaviours we feel are important to the way we interact with each other and importantly the values and aspirations we have for the children, young people and families that we work with. It seeks to clarify our values, and most importantly how we live and breathe these values.

Living and breathing a set of values is much more difficult than writing them down, and all of us will, on occasions fall short of what we might expect of ourselves, and the expectations of our colleagues and the young people we work with. On these occasions, rather than criticise our colleagues we will seek to find constructive ways of ensuring we have learnt from any difficulty, and that next time we are able support each other to get it right.

The discussion we need to have is in relation to how collectively and individually we are able to measure up to the values we want to adopt, and what we should do to make sure we are the best we can be.

The hope is that we all support each other to embody the values set out below. If some people do not feel that they can subscribe to this process, it is likely that they may not wish to remain in an organisation that seeks to embrace and live by such values.

#### **Young People Are At the Heart Of All That We Do**

We are an organisation which ensures that the safety and improved life chances are central to all decisions that we make on behalf of young people. These decisions are informed by listening to what young people tell us, but also from listening to parents and other professionals who are involved in the life of that young person.

When we are required to make key decisions about their lives, it is the safety and well-being of young people that determine our actions and longer-term planning. Unless young people are safe, and feel safe, any other type of intervention cannot be as effective.

We understand that to grow up without fear of violence, abuse or neglect is vital in allowing young people to reach their full potential. Security, supportive relationships and opportunities to learn are key for young people and we will ensure that all our young people are able to attain these.

## **We Take Responsibility**

When we say that we will do something, we will do it. When we agree to undertake a task, we will take responsibility for completing it to the best of our abilities and according to timescales. If we cannot deliver what we have agreed to do, we take responsibility for this, and look to negotiate how we can deliver on the promise as soon after as possible, provided this is feasible.

We can do this by asking ourselves a simple question, 'what would I want if it were me?' Always take time to put ourselves in the shoes of the service user – imagine the world from their perspective and in relation to the circumstances we are seeing and experiencing.

## **We Do The 'Right Thing'**

Our work with young people should place the emphasis on 'doing the right thing', rather than simply 'doing things right'.

Doing the right thing for young people means that decisions and planning must be based on ensuring that their wishes and feelings are taken into account at all key decision points in the lives of young people. In addition to this, we must ensure that we can evidence how we have gained the views of young children. A clear, written account of how we do the right thing will be important. We will not be risk averse, but rather risk sensible.

It is also important to acknowledge that 'doing the right thing' does not mean that we will be able to do everything for all young people. 'Doing the right thing' has to be grounded in the way we interact, listen and value the opinions/views of young people, not just in providing resources. When providing resources we will seek to do it in a timely, creative and sustainable way, informed by good quality assessments.

## **We Are A Learning Organisation**

We understand the importance of being able to learn and develop. This approach embodies our own professional development as well as the way in which we hope our families are able to learn and develop parenting skills to ensure our young people remain safe and secure.

Our organisation values the principle of continuous professional learning and development. It is important that we regularly refresh and challenge our own professional assumptions. Where it is appropriate to do so, we will ensure that staff are given opportunities to enhance their skills through a combination of training and career opportunities.

We also learn from reflecting on what we have done, what went well for us and what we can improve; supervision and annual Skills Set discussions are key to this learning approach. We are an organisation that prizes 'learning' above 'blame'. It

will also be important that we carry forward the importance of learning and reflection into our work with families. We know that no one gets everything right all the time. We will encourage families to reflect on areas of concern and support them in learning and developing in the same ways that we aspire to learn and develop. Feedback from the children, young people and families we work with will be a key method of our learning.

### **We Are Ambitious For Ourselves And Our Service Users**

By being the best that we possibly can be, we will provide the best possible services for our community. We will not be satisfied until all of our service users can be happy with the service we provide and/or understands clearly why we have taken the decision we have. In striving to deliver the best possible service, we will not accept negligence and will work with colleagues to 'go the extra mile' for young people.

However being ambitious and wanting to do the best for ourselves and our service users cannot be done alone. Improving ourselves will also come through supportive professional relationships within teams, between teams and via our supervisory relationships. As individuals and teams we must be prepared to share ideas and be able to reflect on how we can improve practice and systems.

### **'One Service' – A Collective Responsibility**

Our service users do not distinguish between staff or teams. If one of us gets it wrong, or fails to undertake what has been promised, it reflects on us all. We have a collective responsibility for upholding the reputation of the Council.

What happens in one team and the manner in which we reach decisions and convey them, may well have ramifications on many other actions weeks/months/years later.

The 'journey' of children through our service will be as seamless and consistent as it possibly can be. Young people see us and expect us to be 'One Service' and this must be reflected in our planning and the clarity of communication between teams at the points where case transfers or joint working is appropriate. Where differences of view occur, we will aim to resolve these quickly, and will not be played out publicly with service users experiencing delay or reductions in the quality of service.

### **We Do Compassion**

We will act compassionately at all times. We must not forget that very often we intervene at points of crisis and where people may be frightened about our involvement. It is important that we retain the importance of asking ourselves the question 'how would I wish my family to be treated in such a situation?'

But compassion does not mean that we will not be challenging to families where there are concerns. We need to be able to deliver difficult messages and hold challenging conversations. If we have identified concerns we must be clear with

parents about what we expect to change, by when, and how we will support this change. In these situations we will be clear, honest but understanding of how difficult and challenging these messages are.

### **Where Do We Go From Here?**

If this document is about one thing it is about culture. Organisations are defined by their culture, which are the norms, values and accepted behaviour of the people who make up that organisation. If we can consistently live and work to the values that are set out in this document our actions, decision-making and planning for young people will ensure that the outcomes for our young people will be the best they possibly can be.

This document is different from policy and procedure documents in that it does not offer a prescriptive, easy to follow set of steps or guidelines to follow in all situations. Whilst there is a place for such documents, these types of documents will not address the quality of relationships we have with each other as colleagues, or the quality of relationships we have with our service-users. Ultimately, culture will always trump rules and procedures in terms of how service users and staff are treated and valued. If you are uncertain about this, please read the Berwick report into Mid-Staffs Hospital enquiry.

Ensuring that we begin to embody the values set out here will be difficult, and there will be times when it will feel difficult to embody all of the values we have set out here. However it will be important that we keep these values to mind in all of the decision-making we undertake, in all of the planning, discussions and supervision that we have in relation to young people. In order to ensure that we can deliver on these values we will need to return to this document on a regular basis in order that we can assure ourselves that we are the type of organisation we want to be and most importantly we are the type of organisation we would want for our own families and our own children.

### **Children and Young People's Targeted and Specialist Divisions**

**People and Communities Department**

**Bath and North East Somerset Council**

## **Appendix 2 Roles and Responsibilities - Service Development Manager; Principal Social Worker; Deputy Safeguarding Lead; Head of Safeguarding and Quality Assurance and Strategic Commissioning Officers**

The Service Development Manager, Principal Social Worker and Deputy Safeguarding Lead are largely responsible for the operational QA work

### **Service Development Manager**

- Lead on and manage the implementation and development of case audits and the embedding of an audit culture throughout the division
- Assist in the creation of audit tools and processes
- Challenge managers and staff where progress has not been in line with expected timescales and standards
- Inform the Divisional Management Team and LSCB audit subgroup PPG of audit results/outcomes
- Manage complex complaints – taking the learning from these back to practice and service development
- Work with the senior management team and closely with the Principal Social Worker and Service Managers towards implementation of initiatives that strengthen and develop frontline practice
- Identifying themes/areas for Service improvement
- Co-ordinate reflective learning events that disseminate learning and develop policies, procedures and guidance reflecting best practice and learning from the audit process
- Disseminate national data and policy relating to practice development and improvement
- Responsible for the maintenance of the Practitioners Web page providing up to date research and guidance on practice
- Lead on a programme of Ofsted Inspection readiness and peer challenge preparation
- Carry out roles articulated in Quality Assurance Framework

### **Principal Social Worker**

- Leading on Peer Challenge
- Lead responsibility for practice in the local authority and can report the views and experiences of the front line to all levels of management.
- Assist in the staff survey to gain views of all staff to complete a “you said; we did” response.
- Identify and respond to new initiatives/policy/legislation
- Develop professional networks locally, regionally and nationally
- Ensure organisational change takes account of professional social work issues
- Promote and take part in developing the body of social work knowledge

- Supporting NQSWs through the AYSE programme
- Identify continuous professional development and learning and support this
- Co-ordinate learning opportunities/placements for local HEI's social work qualifying programme and the Step Up programme
- Carry out roles articulated in Quality Assurance Framework

**Deputy Safeguarding Lead** (part of the role relating to Quality Assurance of Children Services)

- Manage CP Chairs and CP admin
- Manager Independent Review Service
- Carry out LADO functions in relation to Children Services staff
- Escalate concerns and challenges to Children Social Care
- Undertake bespoke audits as required
- Write and review policies, procedures and guidance notes
- Carry out roles articulated in Quality Assurance Framework

**However the following posts also have key management and oversight roles to play in ensuring quality of services within this framework:**

Director of Children Services

Director of Safeguarding and Quality Assurance (part of the role relating to Children Services)

Research and Statistics Manager: Help and Protection

Senior Commissioning Manager for Specialist Children Services

Head of Service for Safeguarding Outcomes

Head of Service for Children in Care Outcomes

Strategic Commissioning Officer (part of the role relating to Children Services)

Virtual Schools Headteacher

## Appendix 3 Participation Standards

### Participation Standards in Commissioned Services ( from April 2017)

We expect all commissioned services to recognise and actively promote Article 12 of the UN Convention on the Rights of the Child.

***‘Children and young people have a right to be involved in all decisions that affect their lives’***

We have identified six \* RAG rated self-assessment standards will help you to demonstrate and evaluate how well your organisation is implementing the principles of participation within your decision making, service design, delivery and evaluations.

We know that our commissioned services do ask children and young people to give regular feedback and evaluations on the service they are receiving and that this is undertaken in a way that is appropriate to their age and stage of development. These standards have been devised to help demonstrate how they are achieving this.

**These standards will be submitted as part of the Q4 monitoring but should be added to at each quarter (There is a pdf example template available to help you complete this document.)**

#### Supporting documents

Useful supporting documents such as the Participation Strategy 2016 -2020 and Commissioning Framework will be found on the following page

Participation and Consultation webpage

<http://www.bathnes.gov.uk/services/your-council-and-democracy/consultations/consulting-children-and-young-people/strategy-part>

**Red**

- There are significant issues/risks with the service.
- Significant action is required before the next monitoring session
- The issue cannot be handled solely by the project worker but may need intervention from team or service manager

**Amber**

- More action is needed to resolve the problem or a decision made to watch the situation with a clear timescale
- Action to be reviewed at next monitoring session

**Green**

- All is going well.
- There is clear supporting evidence which demonstrates there are no issues with the way the service is delivering it's outcomes.

Standard	Evidence	R	A	G	Actions <u>EXAMPLE OF ACTIONS</u>
1.Children and young people are given a range of opportunities to give feedback on the service they receive and are clear about how that feedback will be used.  <i>e.g children and young people are asked to give regular feedback and evaluations on the service they are receiving</i>					
2. Children and young people are actively encouraged to contribute to service design					

<p>and development.</p> <p><i>e.g cyp can clearly see how they have contributed to changes in service delivery, policies and plans.</i></p>			
<p>3. We have a clear commitment to participation within our organisation, which all staff are aware of.</p> <p><i>e.g. policies, participation charter, staff training, worker who leads on participation and engagement.</i></p>			
<p>4. All children and young people who use our service are clear about how they can participate and how they will be supported to do so?</p> <p><i>e.g. accessibility of services, involvement in design and delivery of services, young people's service user group, Young people participate in key in the recruitment and selection of key staff.</i></p>			
<p>5. Job description's of staff</p>			

<p>include a clear commitment to participation</p> <p><i>e.g. Supervision of relevant staff includes review of participation within their role, training is made to staff (relevant to their role)</i></p>			
<p>6. Sufficient budget and finance is made available to support participation.</p> <p><i>e.g. when young people participate they have travel costs /reasonable expenses reimbursed</i></p>			

**Suggested evidence sources to demonstrate achievement of the Standards**

- Vision for the organisation or Mission Statement
- Participation Policy or Strategy
- Minutes of meetings
- Participation Charter/statement
- Minutes of meetings
- Accessible summary documents for cyp
- Evidence of involvement of cyp in policy and procedure development
- Children and young people service user groups
- Annual Report or annual review identifying progress and successes in cyp participation
- Budgets identified to support cyp involved in participation

- Relevant job descriptions that include promoting cyp participation
- Involvement of cyp in recruitment , selection and induction of staff in roles relevant to them
- Supervision and appraisals of staff that review participatory work with cyp
- Training programmes for members, trustees staff
- Feedback from service users
- Celebration of successes and appropriate accreditation

Further support and information contact

Sarah McCluskey [Sarah\\_McCluskey@bathnes.gov.uk](mailto:Sarah_McCluskey@bathnes.gov.uk)

Commissioning\_Support@BATHNES.GOV.UK

## Appendix 4 Summary of Quality Assurance Mechanisms for 2018/19

### MECHANISM: CONTENT AND METHODOLOGY: WHERE REPORTED AND LEADS

	Mechanism	Content and Methodology	Reported Where	Frequency	Intended Outcomes	Leads	Timescale
<b>Routine Auditing</b>							
1	Audit of Supervision (new though some already done)	<p>Twice yearly random audit of the supervision</p> <p>x5 supervision sessions reviewed per audit (10 per year)</p> <p>Develop methodology for choosing random cases and audit tool – ensure supervision policy requirements are included; timeliness, use of performance information and quality of reflection are audited. Methodology to include desk top and direct observations (Service Dev Manager to develop tool)</p> <p>Note: Director for Children Services and Director of Safeguarding and Quality Assurance to sample audit each other's supervisions</p>	Service Improvement Board	<p>Bi-annually audit</p> <p>Annual report</p>	<p>Skilled workforce; oversight of case management; staff feel supported; Assurance that Supervision Policy is applied.</p>	<p>PSW, Service Development Manager, Director of Safeguarding and QA</p> <p>SD Manager to collate and analyse findings</p>	July, Jan
2	Audit of Training – CSC Staff only	<p>Monitoring tool to be developed using core and mandatory training requirements (ensure LSCB training requirements included)</p> <p>Analysed and reported by Training and</p>	Service Improvement Board	Annual Report	Competent workforce; mandatory training requirements met	<p>Training and Workforce Development Manager</p> <p>Support from</p>	April

		Workforce Development Manager and PSW				Connecting Families MP	
3	IRO Case Work Audit	Monitoring tool from NAIRO handbook x1 case file audit per month	Service Improvement Board	Annual	Quality of support for Children In Care	Deputy Safeguarding and QA Lead	Jan
4	CP Case Work Audit	x 1 case file audit per month	Service Improvement Board	Annual	Quality of support for children on a plan	Deputy Safeguarding and QA Lead	TBC
5	LADO Case Work Audit	x 1 case file per quarter	Service Improvement Board	Annual	Quality of work ensuring safe workforce	Deputy Safeguarding and QA Lead	TBC
6	Audit of children on a plan for 12 months plus	All children on a plan for longer than 12 months	Service Improvement Board	Bi-annual	Quality of support for children on a plan	Head of Service, Deputy Safeguarding and QA Lead, Service Development Manager	June Dec
7	Case File Audits – Children Social Care	Review against quality guidance and practice standards Review against application of policy and procedures and legislation  Report against Audit Arrangements (Appendix 6)  Consider themed audits to include Private	Service Improvement Board  From 2018/19 come to the SLA meeting with a bi annual report	Bi-annual Report	Quality of social work; voice of child; Ofsted requirements; improved outcomes	Service Development Manager	April, Oct

		Fostering; Unaccompanied Children and Syrian Families and Disabled Children					
8	Case file audit actions monitoring report	All single and multi-agency actions tracked (including JTAI audits) and monitored for completion and identification of themes – collated  Report progress	SLA  Relevant sections to LSCB PPG and CICQA	Bi – annual report		Service Development Manager & Deputy Safeguarding and QA Lead	April, Oct
<p><b>Performance Activity / Data Reports</b> Data reports are from Liquid Logic; many compare local activity with ‘like’ Authorities and national benchmarking information; supported by narrative analysis to understand the story</p> <p>Areas of improvement identified and action plans developed and monitored as required; information is triangulated where possible with other reports</p>							
9	Operational performance reports	<ul style="list-style-type: none"> <li>Overview of visits, core groups, reviews, plans, contacts, referrals, assessments</li> </ul>	Team Managers & Heads of Service	Weekly	Manager & Head of Service tracking / oversight of case	Perf Manager & DCS	Report not required – discussed in supervision
10	Management Information	<ul style="list-style-type: none"> <li>Trends in performance in relation to visits, assessments, core groups, strategy discussions, reviews, CPP &amp; CLA numbers &amp; categories, duration of plans (R50)</li> </ul>	Head of Services, DCS, Deputy Safeguarding and QA Lead	Monthly	Head of Service & DCS overview of trends in performance, proactive challenge	Perf Manager & DCS	

11	Strategic performance information	<ul style="list-style-type: none"> <li>• Overview of performance for last quarter</li> <li>• Comparative data against England, SW &amp; statistical neighbour averages (previous year eg SSDA903, CIN Census)</li> <li>• Annual summary / year to date information: Please reference Revised regular performance reporting summary for Children and Young People – relevant to early help, safeguarding, looked after children and care leavers</li> </ul>	Head of Services, DCS Commissioning, LSCB & Elected Member  Service Improvement Board & SLA & Senior Leadership Team & LSCB PMG	Quarterly and full year reports	Senior leadership scrutiny & challenge, multi-agency 7 partnership scrutiny & challenge	Perf Manager Commissioning & DCS	Jan, April, July, Oct	
12	Scrutiny & Challenge	<ul style="list-style-type: none"> <li>• CP number</li> <li>• CLA number</li> <li>• Missing</li> <li>• CSE</li> </ul>	Elected Member and Strategic Director	Monthly		Director Children Services	No report required	
13	Corporate oversight	Corporate scorecard – feedback to Service Improvement Board as needed	Chief Executive	Quarterly	Oversight of safety of children	Director Children Services	As appropriate	
<b>Qualitative Feedback Reports</b>								
14	Feedback from Children and Families  (Monitoring report on Participation	One report providing feedback on the following areas to ensure triangulation of information: Complaints CP process	Children Social Care SLA meeting  Service	Annual	Triangulation of information about how safe and supported	Participation Officer  Relevant staff to be	July	

	Standards and Full Participate Report)	CIC and Care Leavers SICC, JICC and Youth Forum Any information from LSCB Annual phone survey – last 20 closed cases	Improvement Board		children and families feel; responsive Service	identified  PSW	
15	Representations, Compliments and Complaints	Analysis and monitoring of the Services response to complaints and subject access requests; report compliments; report data breaches; provide commentary on themes identified to improve learning. Assessment of reputational risk for Council.	Children Social Care SLA meeting  Annual Report to Children Social Care SLA, Senior Leadership Team; Service Improvement Board, Scrutiny Panel; publish on Website	Quarterly for SLA meeting  Annually for full report	Listen to the voice of children, families and carers; improve quality of Service	Complaints and Data Protection Manager	July
16	QA IRO and CP Service	Quality of service delivery  Monitoring cancelled / rescheduled meetings and rationale for this  Include in this issue resolution	Service Improvement Board	Annual  SLA quarterly on certain issues	Improvements in practice regarding timeliness, avoidance of drift and engagement of children and families	Deputy Safeguarding and QA Lead	Jan  Quarterly in part
14	Principal Social Worker	Report on children social work practice	Direct to Director	Annual	Workforce practice,	PSW	July

			& Service Improvement Board		assurance		
15	LADO Annual Report	Number of enquiries; LADO referrals Analysis of data; triangulation; Ethnicity Outcomes; Themes Needs of staff working in a position of trust Support needs of agencies	Service Improvement Board & LSCB & PMG	Annual	Workforce practice, assurance	Deputy Safeguarding Lead	July
16	CP Chairs Annual Report	Triangulation of data and qualitative information; identification of good practice and concerns improved outcomes Add in new section on disabled children and CP	SLA Meeting LSCB PPPG LSCB	Annual	Children are safe, assurance on limited drift and delay	Deputy Safeguarding and QA Lead	Oct
17	Independent Review Service	Triangulation of data and qualitative information; identification of good practice and concerns improved outcomes; voice of the child, effectiveness of placements, identification of good practice and concerns improved outcomes	SLA Meeting & Corporate Parenting & LSCB & PMG & Scrutiny Panel & Service Improvement Board	Annual	Children in care are achieving good outcomes	Deputy Safeguarding and QA Lead	July
18	Private Fostering	Details on profile, audit of practice, triangulation of information	SLA Meeting & Service	Annual	Children in B&NES are safe	Deputy Team Manager / Private	April

			Improvement Board & LSCB & PMG			Fostering Lead	
19	Formalise Observations of Practice Report	<p>Summary report of all the observation findings including good practice and areas of concern / themes</p> <p>Confirm observation feedback tool and method / who will observe what eg, direct practice, panels etc (including x3 direct obs AYSEs per year)</p> <p>Need to agree minimum observations required per year and range of tools which will be adapted for specific meeting / session</p>	Service Improvement Board	Annual	Improved practice	Service Development Manager, PSW and Deputy Safeguarding and QA Lead	Oct
<b>Current Additional Activities for 2017/18</b>							
20	Document Review	<p>Review all documents on Tri.x and dashboard</p> <p>Ensure all areas have up to date quality and practice standards articulated as required</p> <p>Develop and monitor document checklist to ensure timely reviews</p>	Service Improvement Board	Annual	Ensure staff have tools for practice	Service Development Manager and PSW with support from LSCB Business Support Manager	Oct

	Sufficiency of Provision / out of area (20 miles) placements audit	Random sample of cases Agree audit tool; review actions on previous report	Service Improvement Board	Annual	Oversight of CLA and quality of placements / sufficiency	Heads of Service & Contract and Commissioning Manager	Oct
--	--	---	---------------------------	--------	--	---	-----

Note Scrutiny Panel, Health and Wellbeing Board and Children and Young People Sub Committee, Full Council and Cabinet request bespoke reports to gather assurance about activities that are not listed above

## Appendix 5

### Bath and North-East Somerset; Ofsted Improvement Plan – June 2018

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
<p>1. Improve the quality of child in need, child protection and pathway plans so that they consistently set out specific measurable actions with timescales for delivery and clear contingencies.</p>	<ul style="list-style-type: none"> <li>To improve the overall quality of assessments and planning for young people.</li> <li>To build on the examples of good practice which are already evident within practice.</li> <li>To improve the consistency of planning across the department.</li> <li>To engage staff in developing an increased understanding of what good looks like.</li> </ul>	<ul style="list-style-type: none"> <li>Parental engagement group will continue to develop work on CP processes.</li> <li>Pete Campbell and Bev Coles will be undertaking work in conjunction with IRO's to review the template for Pathway plans and the guidance to workers in what "good" looks like for the completion of</li> </ul>	<p>By December 2017</p> <p>By December 2017 r</p> <p>By December 2017</p>	<p>Pete Campbell/Bev Coles/Mel Argles</p> <p>Leigh Zywek/Principal Social Worker/Mel Argles</p>	<ul style="list-style-type: none"> <li>Through case audit process.</li> <li>Scrutiny of plans at Legal Tracking panel, Permanence Panel, Placement panel.</li> <li>Annual PDR's to show evidence that practice in relation to quality of planning and reviewing of plans have been discussed and monitored.</li> </ul>	<ul style="list-style-type: none"> <li>Draft Parental Engagement Paper now ready for dissemination.</li> <li>Launch event for Parental Participation scheduled for September 2018.</li> </ul> <p>Young Person friendly "Plan on a Page" now drafted. This includes IRO input and has also been reviewed by SICC.</p>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<p>Pathway plans.</p> <ul style="list-style-type: none"> <li>The new template and guidance will be followed by a series of workshops with staff to strengthen practice, recording and planning.</li> <li>Leigh Zywek and the Principal Social Worker to lead a series of “Back to Basics” workshops with front-line managers to develop key standards and elements that should be</li> </ul>	<p>Manager’s audits will continue on a monthly basis. PPG audits will remain quarterly</p>	<p>Duncan Stanway</p> <p>Duncan Stanway/ Principal Social Worker</p>		<p>LZ/DS/ED to deliver “Back to Basics” training/workshops in September with a theme of “What makes a Good Plan”</p>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<p>included within CP and CIN plans (ie; Planning, effect reviews, working with Neglect).</p> <ul style="list-style-type: none"> <li>• The revised Quality Assurance Framework document will link to reflect the expected elements and content of “good” assessments and planning across the department.</li> <li>• To continue the schedule of case audits via frontline managers and</li> </ul>				<p>QA Framework is now redrafted. June Board discussed the Framework and agreed this with minor amendments.</p> <p>Case-Audit process has been re-</p>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<p>the Professional Practice LSCB Sub-group. This audit activity will inform progress in improving the quality of planning.</p> <ul style="list-style-type: none"> <li>• ‘Themes’ that are evident from monthly audits are identified and shared with frontline managers and staff.</li> </ul>				<p>configured to ensure improved compliance,. This will take the form of quarterly Audit-Day’s/workshops JM has undertaken a review of recent audit activity. The paper is presented to the April Improvement Board.</p>
2. Strengthen the quality	<ul style="list-style-type: none"> <li>• To further develop performance data systems that allow front-line</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings have already taken</li> </ul>	New ‘Balanced	Geraldine Kinsella	<ul style="list-style-type: none"> <li>• Managerial supervision to</li> </ul>	<ul style="list-style-type: none"> <li>• Balanced Scorecard/R50</li> </ul>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
<p>of child in need work. Ensure that children are visited in accordance with their plans, and that reviews take place regularly to monitor progress and are overseen by managers.</p>	<p>managers and senior managers to quickly identify themes and patterns in performance that will assist and improve practice.</p> <ul style="list-style-type: none"> <li>• Launch the monthly R50/Balanced Score-card sheet for managers.</li> <li>• Embed regular discussion and professional challenge of the score-card with supervision with front-line managers and Service Managers.</li> </ul>	<p>place to confirm the format of the ‘Balanced Scorecard’ (R50) document and the circulation list of this document.</p> <ul style="list-style-type: none"> <li>• The work to re-structure the duty team has included an emphasis on strengthening management capacity and over-sight of performance issues.</li> <li>• CIN review meeting template to be reviewed to ensure specific</li> </ul>	<p>Scorecard’ format launched in October 2017.</p> <p>New Duty team structure to go live on 18<sup>th</sup> September.</p>	<p>Leigh Zywek/Richard Baldwin</p> <p>Lesley Hutchinson/Richard Baldwin/Mary Kearney-Knowles</p>	<p>evidence discussion of performance against “Balanced Scorecard” with front-line managers.</p> <ul style="list-style-type: none"> <li>• CIN review meetings to reference visiting patterns and clarify purpose of visits for parents and partner agencies.</li> <li>• Case audits to cover visiting patterns.</li> </ul>	<p>dashboard now being circulated to front-line managers on a monthly basis.</p> <ul style="list-style-type: none"> <li>• GK meeting with managers on Monday morning to assist with data/performance issues.</li> </ul>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<p>question is included to specify visiting patterns.</p> <ul style="list-style-type: none"> <li>• The revised Quality Assurance Framework document will link to improvements in how managers routinely monitor performance and use performance data to further improve practice.</li> <li>• Quarterly data performance (in safeguarding).</li> </ul>		Geraldine Kinsella/Lesley Hutchinson		

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<ul style="list-style-type: none"> <li>• Some audits to include follow up phone feedback from auditor.</li> <li>• Review quarterly data returns (new format).</li> <li>• Task and Finish Group to complete Balanced Scorecard.</li> <li>• ‘Back to Basics’ training on Planning and importance of Reviews.</li> <li>• Links in PDR targets and skill sets.</li> </ul>				<p>This is now complete. R50 being used by front-line managers.</p> <p>Back to Basics training on “Planning” and “Undertaking Purposeful Interventions” scheduled for September 2018.</p>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
3. Ensure rigorous oversight of children subject to pre-proceedings so that practice is robust and decisive in response to increasing concern, and that drift and delay are prevented.	<ul style="list-style-type: none"> <li>Review of the structure and function of the Divisional Legal Panel.</li> <li>Changes to the “tracker” document that is used by the Legal panel.</li> <li>Utilise the reporting and functionality of LL to assist the tracking of cases.</li> <li>How to develop IRO/Legal/CP Chairs scrutiny.</li> </ul>	<ul style="list-style-type: none"> <li>Template used by the Panel will be reviewed and will incorporate stronger emphasis on establishing clear time-scales for tasks and a review of progress against these dates.</li> <li>Terms of Reference of the Panel will be updated and ensure that the progress of pre-proceedings are tracked and monitored.</li> <li></li> </ul>	<p>Revised template to be completed and agreed by September 2017.</p> <p>Terms of Reference to be reviewed and agreed by September 2017</p>	<p>Leigh Zywek</p> <p>Leigh Zywek</p>	<ul style="list-style-type: none"> <li>Reduction in percentage of cases in pre-proceedings taking over 26 weeks to complete.</li> <li>Prompt allocation and start of pre-proceedings work following agreement at Legal Tracking Panel.</li> </ul>	<ul style="list-style-type: none"> <li>New template for Legal Planning meeting now in place and is being used.</li> </ul> <p>Legal Panel TOR also reviewed and revised/completed.</p>
4. Strengthen	<ul style="list-style-type: none"> <li>Annual Report on PF to the LSCB.</li> </ul>	<ul style="list-style-type: none"> <li>Private fostering</li> </ul>	September	Rosemary	<ul style="list-style-type: none"> <li>Improved</li> </ul>	<ul style="list-style-type: none"> <li>Update report</li> </ul>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
<p>arrangements to identify and respond to children who are privately fostered. Ensure that decisions to support arrangements are informed by appropriate assessments that include required checks and are overseen</p>	<ul style="list-style-type: none"> <li>Benchmarking with neighbouring LA's.</li> <li>To achieve a consistent standard of safe care and support to private fostering households</li> <li>To educate key external partner agencies, including language schools, on the requirements of private fostering arrangements</li> <li>Social care staff able to recognise and support private fostering households.</li> </ul>	<p>assessments and support plans to be delivered by the Permanence Team.</p> <ul style="list-style-type: none"> <li>Suitable information to be produced and distributed to professionals, families and children. This information will also be easily accessible on the webpages. This will include templates for written agreements and notifications</li> <li>An annual report prepared and presented to the</li> </ul>	<p>September 2017</p> <p>September 2017</p> <p>September 2017</p> <p>September 2017</p> <p>September 2017</p>	<p>Pickering / Karen Kopp</p> <p>Rosemary Pickering / Karen Kopp</p> <p>Karen Kopp</p> <p>Karen Kopp</p> <p>Karen Kopp</p>	<p>quality of recording and assessments of young people in PF arrangements.</p> <ul style="list-style-type: none"> <li>Improved, communication with Language schools and Independent schools about arrangements for overseas children.</li> </ul>	<p>on PF seen by Improvement Board in April 2018.</p> <ul style="list-style-type: none"> <li>PF Annual report also endorsed by LSCB in June 2018.</li> </ul> <p>Updated PF information now on Council website. Revised leaflets have also been sent out to Surgeries, Nurseries and Independent Schools.</p>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
by managers.	<ul style="list-style-type: none"> <li>The Tri-X procedures for staff to be up to date</li> </ul>	<p>LSCB, with updates to LSCB subgroups throughout the year.</p> <ul style="list-style-type: none"> <li>Close liaison with language schools to inform staff and students of these 'special' private fostering circumstances</li> <li>Training available to internal staff when required, including designated safeguarding leads on LSCB training days.</li> <li>A method of</li> </ul>	<p>December 2017</p> <p>September 2017</p> <p>December 2017</p>	<p>Rosemary Pickering / Karen Kopp</p> <p>Karen Kopp / Sue Scullard</p> <p>Karen Kopp</p>		<p>Contact made with Independent and Boarding Schools. Link SW now involved in Information events to host families and "Dip" sample home visits have taken place.</p>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<p>benchmarking to be introduced with comparator authorities to measure our performance.</p> <ul style="list-style-type: none"> <li>• Private foster carers will be offered access to B&amp;NES foster carer training opportunities.</li> <li>• Private Fostering guidance to be reviewed in light of changes</li> </ul>				<p>Private Fostering Guidance has been reviewed and revised.</p>
<p>5. Take action to respond to the rising number of fixed-term exclusions for</p>	<p>Reduce fixed term exclusions from validated baseline of 16.67 in 2015 and reduce the gap between the national percentage (6.25ppts)</p>	<ul style="list-style-type: none"> <li>• Welfare Call commissioned for daily contact with all schools with any BANES child in care to ensure accurate recording of</li> </ul>	<p>August 2017  Septembe</p>	<p>Victoria Duke.</p>	<ul style="list-style-type: none"> <li>• Validated data confirms a reduction in fixed term-exclusions.</li> <li>• ECHP's</li> </ul>	<ul style="list-style-type: none"> <li>• Update report received from Victoria Duke at the April Panel.</li> </ul>

Ofsted Recommendation	Target/Goal					Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
children looked after so that they are reduced effectively.						fixed term exclusions and reasons	r 2017		regularly address exclusions issues where appropriate to do so.	
		Permanently excluded 2014	At least 1 FTE 2014	Permanently excluded 2015	At least 1 FTE 2015	<ul style="list-style-type: none"> <li>Reducing exclusions of children in care key priority within P4S</li> </ul>	September 2017		<ul style="list-style-type: none"> <li>Actions/performance to be reviewed through VS performance group and Corporate Parenting Group</li> </ul>	
	National Children in Care %	0.12	10.25	0.14	10.42	Virtual School Improvement Plan 16/17	September 2017			
	BANES CIC %	0.00	9.72	0.00	10.67	<ul style="list-style-type: none"> <li>Children in Care champion</li> </ul>	October 2017			
						<ul style="list-style-type: none"> <li>arranged with SEND teams to allow faster communication with schools and carers regarding EHCPs</li> <li>Common delay causes in EHCP completion</li> </ul>	Ongoing			Performance of LAC in relation to exclusions reported to Virtual School Performance meeting (April 2018.) All exclusions now being challenged.

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<p>shared with stakeholders</p> <ul style="list-style-type: none"> <li>• New Sept 2017 DfE guidance on exclusions used to create a BANES children in care behaviour escalation and exclusion flowchart along with a resource pack on best practice to support behavioural needs, This will be presented in sessions throughout year to Head-teachers, Designated Teachers and</li> </ul>	<p>(but progress to be checked in December 2017)</p> <p>Ongoing (but progress to be checked in December 2017)</p>			

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<p>school governors as well as on the new portal children in care training site.</p> <ul style="list-style-type: none"> <li>• Closer collaboration with schools to promote earlier support as needed with the introduction of progress reviews for key cohorts</li> <li>• Cases where students have high numbers of fixed term exclusions to be discussed frequently and led by head-teacher of P4S</li> </ul>				

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<ul style="list-style-type: none"> <li>Head-teacher P4S Virtual School to meet on 1 to 1 basis with key schools with high fixed term exclusions to challenge and support</li> </ul>				
6. Ensure proportionate visiting and proactive support for care leavers in response to escalating need.	<ul style="list-style-type: none"> <li>Review of Pathway Planning template – linked against an up to date Needs Assessment.</li> <li>Improve and develop reporting on frequency of visiting to care-leavers</li> <li>To explore exempting care leavers from Council Tax (when they live in BANES)</li> <li>Develop a Care Leavers Council via Off the Record.</li> <li>Improve responsiveness to Care Leavers when crisis occurs.</li> </ul>	<ul style="list-style-type: none"> <li>Pete Campbell and Angela Stewart-Gentle to review the Pathway Plan template to ensure succinct but analytical planning for care-leavers.</li> <li>New “Balanced Scorecard” (R50) reporting template for frontline</li> </ul>	<p>November 2017</p> <p>September 2017</p> <p>October 2017</p>	<p>Pete Campbell/Angela Stewart-Gentle</p> <p>Geraldine Kinsella</p> <p>Pete Campbell/Bev Coles</p>	<ul style="list-style-type: none"> <li>Audits of Pathway Plans to confirm improvements in levels of analysis within plans. To also cover regular consideration of needs, regularity of visits.</li> <li>‘Balanced Scorecard’ to show data on visits to care-</li> </ul>	<ul style="list-style-type: none"> <li>Local Offer launch event took place on June 5<sup>th</sup>. Good multi-agency attendance.</li> <li>Mark Ridell (Dfe National Lead undertaking a 2-day challenge workshop in BaNES in October 2018.</li> </ul>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<p>managers to include reporting line on visiting frequency to Care Leavers.</p> <ul style="list-style-type: none"> <li>Auditing of Pathway Plans (what does Good look like), to include IRO's.</li> </ul>	October 2017	Angela Stewart-Gentle	<p>leavers.</p> <ul style="list-style-type: none"> <li>Supervision to demonstrate consideration of visit patterns, and pro-active support.</li> </ul>	<p>Brian Relph completed thematic audit of Care-Leavers files in May 2018, to review contingency planning.</p> <p>New R50 contains management info on the frequency of visits to Care-leavers.</p>
7. Ensure that services are appropriately resourced to deliver manageable caseloads	<ul style="list-style-type: none"> <li>Continue to develop effective recruitment and retention.</li> <li>Re-launch of the Workforce Plan. Additional management posts and SW posts have been recruited too.</li> <li>Ensure that the resourcing of the service and caseload levels are understood and owned at the highest level within the Council.</li> </ul>	<ul style="list-style-type: none"> <li>Divisional Directors Caseload Challenge sessions will continue to take place on a quarterly basis.</li> <li>The review of the Duty Team</li> </ul>	<p>Quarterly</p> <p>September 2017</p> <p>October</p>	<p>Richard Baldwin</p> <p>Leigh Zywek/Sarah Riley/Vicki Treasure</p>	<ul style="list-style-type: none"> <li>Caseloads remain in line with prescribed range.</li> <li>Case Transfer process ensures that cases move through team structures in a timely manner.</li> </ul>	

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
and effective supervision that proactively drives planning for children and prevents drift and delay.		<p>will take account of case-load pressures in the duty and both management capacity and SW posts will be increased to assist this process.</p> <ul style="list-style-type: none"> <li>The launch of the Early Help Hub (and allocation process) will be monitored to ensure swift movement of cases into EH services where SW involvement is not required.</li> <li>Establishment of ART (Adolescent</li> </ul>	<p>2017</p> <p>September 2017</p> <p>Annually (Usually in April/May)</p> <p>September 2017</p>	<p>Richard Baldwin/Paula Bromley</p> <p>Leigh Zywek/Sarah Rodgers</p> <p>Richard Baldwin/Julie Morris</p>	<ul style="list-style-type: none"> <li>The majority of cases involving CSE/Missing/Criminal exploitation are allocated within the ART.</li> <li>Annual staff survey and staff event reflect back the views of staff.</li> </ul>	<p>Brian Relph completed an audit of Duty Cases in May 2018 to review levels of drift, and quality of planning.</p> <p>Annual review of the EHH will take place in September 2018.</p> <p>New DTM post in ART now appointed</p>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<p>Risk Team) (including two additional posts) so that CSE/Criminal exploitation/Ho melessness cases can come out of CP/Court team and CIN team and ease some current caseload pressures.</p> <ul style="list-style-type: none"> <li>• Continuation of Staff Survey and Annual Staff Event to maintain and strengthen the voice of staff.</li> <li>•</li> <li>• Ongoing reporting to</li> </ul>	Ongoing (but to be reviewed quarterly)			<p>to (Clare Luxton). This will strengthen over-sight and planning for these cases.</p> <p>2018 Staff survey scheduled for June 2018 (Elliot Davis leading on this)</p>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		Strategic Directors and Elected Members, via DCS and lead member, on caseloads and on progress with this action plan to ensure that service resourcing and improvements are owned at the highest level.				Update report on the Improvement Plan presented to Policy, Development and Scrutiny Panel in May 2018.

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
8. Improve the proportion of 16 to 18 year olds who are engaged in education, employment or training	<ul style="list-style-type: none"> <li>Formation of ART Team will begin to address NEET issues for Homeless Young People.</li> <li>Continue to develop benchmarking processes so that BaNES can measure progress and performance.</li> </ul>	<ul style="list-style-type: none"> <li>Continuation of NEET tracking to remain within the re-configured Youth Connect service.</li> <li>New protocol created with Bath College to improve collaboration and communication as a key provider for BANES children in Care</li> <li>Creation of “Prepare for Work” team (Victoria Duke (LAC), Laura</li> </ul>	<p>Annually (usually April)</p> <p>July 2017</p> <p>July 2017</p> <p>September 2017</p> <p>September</p>	Sally Churchyard	<ul style="list-style-type: none"> <li>NEET levels to remain at or below national average.</li> <li>Actions/performance to be reviewed through VS performance group and Corporate Parenting Group</li> </ul>	<ul style="list-style-type: none"> <li>Latest data (April 2018) reports that BaNES NEET levels are 3.4%, the lowest in the SW.</li> </ul> <p>P4S launched in JULY 2017.</p>

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<p data-bbox="949 453 1151 555">Knight (all), Kate Starks (all), Bev Coles(LAC &amp; CLs)</p> <ul data-bbox="902 600 1151 1382" style="list-style-type: none"> <li data-bbox="902 600 1151 986">• Audit sent to all schools for year 7 upwards which currently educate BANES children in care to establish local offer in regards to employer and HE encounters (Victoria)</li> <li data-bbox="902 1031 1151 1382">• Review of all support and provision offered as part Corporate Parenting in order to focus on early intervention (Laura)</li> </ul>	<p data-bbox="1180 453 1305 517">2017 onwards</p> <p data-bbox="1180 600 1305 663">September 2017</p>			

Ofsted Recommendation	Target/Goal	Actions planned and/or undertaken	Completion date	Lead	Evidence	Update from Recommendation Lead – update against timescales and actions planned (RAG rated as well)
		<ul style="list-style-type: none"> <li>• Children in care not receiving work experience or mock interviews to be focus of this year based on research</li> <li>• PEPs revised to build in aspirational experiences as well as quality IAG and encounters</li> </ul>				

## Appendix 6 Audit Arrangements

Need to add in JM

## Appendix 7 LSCB Board Assurance Framework 2018/19



# Board Assurance Framework

<b>Status Approved or Not</b>	Approved by PMG May 2016 and LSCB June 2016
<b>Detail of Review Amendments</b>	June 2018 – includes amendments to Terms of Reference of the LSCB and adds assurance mechanisms
<b>Implementation Date</b>	June 2016
<b>Review Date</b>	June 2019 (this will require annual updates)
<b>Author</b>	Lesley Hutchinson, Director of Safeguarding and Quality Assurance B&NES Council

<b>Contents</b>	<b>Page</b>
1. Introduction	3
2. Mechanisms and Structures of Assurance	5
3. Quarterly Report Information	11
4. Updating and Monitoring of the Framework	11

### **Appendices**

1. Board Indicators 2017/18	12
2. Self-Assessment On Line Audit	13

## **1. Introduction**

The LSCB in accordance with its Terms of Reference (2017 but currently under review) is responsible for monitoring and coordinating the activities of member agencies to safeguarding and promote the welfare of children and young people in B&NES.

The Board has agreed its new Strategic Plan for 2018-2021 which sets out the following five outcomes and thirteen priorities:

### **Five Outcomes**

- All children and young people are safe
- Children, young people, carers and families contribute to the way services respond to child protection and children in care safety concerns
- LSCB is assured that safeguarding is embedded; is delivered to a high standard and is effective across all partner agencies
- A skilled, trained and competent workforce
- The LSCB is effective and responds to the new legislative requirements

### **Thirteen Priorities**

- Children and young people are protected against the impact of crime and anti-social behaviour
- Children and young people are protected against the impact of neglect
- Promote the role of the community in keeping children safe
- Improve the quality and effectiveness of the Early Help arrangements
- Ensure children, young people and parents participate in all aspects of early help and child protection processes and practices
- Strengthen strategic arrangements for involving children, young peoples and families' voice at the LSCB and across all partner organisations
- Ensure a comprehensive Board Assurance Framework is delivered
- Make more effective use of the intelligence and information available from agencies to improve safeguarding arrangements
- Ensure we learn from Serious Case Reviews (SCRs)
- Deliver and monitor a robust training and development plan that provides high quality and meaningful safeguarding training across all service areas
- Build upon the work undertaken with the Adult Workforce to further embed a culture and practice of 'Think Family'.
- Ensure the Ofsted recommendations are effectively implemented
- Ensure new arrangements brought about by legislative changes do not have an adverse impact on safeguarding children and young people

The new Strategic Plan 2018-2021 can be found via the link below.

[https://www.safeguarding-bathnes.org.uk/sites/default/files/lscb\\_strategic\\_plan\\_on\\_a\\_page\\_2018-21\\_.pdf](https://www.safeguarding-bathnes.org.uk/sites/default/files/lscb_strategic_plan_on_a_page_2018-21_.pdf)

In order to meet the Boards objectives this Assurance Framework sets out the structures and mechanisms the Board employs to deliver this. The Assurance Framework sets out the 'business as usual mechanisms the Board has in place and the action plan which sits behind the Strategic Plan sets out the areas of specific focus for 2018-2021.

## 2. Mechanisms and Structures of Assurance

	Strategic Plan Outcomes and Priorities (To identify once approved)	Mechanism	Structure	Reporting Timescale
1.		<b>Dissemination and implementation of policies and procedures</b>	Sub groups to write	As required
a		Assurance of dissemination from Board agencies within 1 month of the Board approving new policies, procedures etc	LSCB / LSAB Business Support Manager to collate agency dissemination responses for Board Meetings on each one agreed	Quarterly or as required
b		'Mystery shopping' – contact agencies and ensure practitioners are aware	LSCB/LSAB Business Support Manager to collate bi annual report	Bi Annual mystery shopping report
c		Request specific assurance from Board agencies and Council, NHS England, Banes NHS CCG commissioned services and schools that Information Sharing protocol and guidance has been read and discussed with all 'relevant' staff <sup>1</sup>	LSCB/LSAB Business Support Manager / Contract and Commissioning Officers to support	By September 2018 for Commissioned Services – via the report to LSCB PMG
2.		<b>Quantitative and Qualitative Activity and Performance Information</b>		
a		Activity and Performance report	PMG	Quarterly to PMG and

	For LSCB headline information on Early Help; CIN, CP, CLA; CSE; Missing; Disabled Children; Care Leavers; MASH data; timeliness data; private fostering numbers  (multi-agency dashboard to be developed)  Early Help Monitoring report		high level highlight information to go to LSCB
b	Section 11 audit (full audit every three years; action plan updated after six months; in the interim two years – one mini themed audit per year with action plan updates after six months). Joint arrangement with WoE LSCBs to ensure greater consistency across the area.  2018/19 Mini themed or full section 11?	PMG	Dates to be confirmed by Business Support Manager following sub regional meeting
c	Section 175 schools audit report	LSCB	Annually
d	Annual Report (includes annual report on training and Board indicators see Appendix 1)	LSCB	Annually
E	IRO Annual Report	PMG	Annually
F	LADO Annual Report	PMG	Annually
G	CP Chairs Annual Report	PMG	Annually
H	CDOP Annual Report	LSCB	Annually
i	Monitoring of Multi-agency Escalation Policy for Resolving Professional Disagreements and the Board Dispute /	LSCB/LSAB Business Support Manager	Annually (include in the Annual Report)

<sup>1</sup> Relevant staff are determined by each individual agency and it will depend on their role and access to children and young people. Relevant staff may vary depending on the request made by the LSCB and agencies should review their position regarding each such request.

		Dissent Policy		
j		Private Fostering Report	PMG	Annual to PMG
<b>3</b>		<b>Single and Multi-Agency Quality Audits / Reviews of Cases</b>		
a		<p><b>2018/19</b> Multi-agency themed audits – agreed rolling programme</p> <p>CAF / Early Help (to be determined as per the June report)</p> <p>PPG</p> <ul style="list-style-type: none"> <li>• May – adolescents in CP process and how well their voice is heard</li> <li>• July – long term Neglect and complex trio</li> <li>• September – CSC / AWP Protocol, how well is it working (this has been postponed from earlier as it was not yet agreed and operational)</li> <li>• November – review Professional Challenge (which we did in Nov 17)</li> <li>• January – to be decided</li> <li>• March – to be decided</li> </ul> <p>CIC QA (to be included when determined)</p> <ul style="list-style-type: none"> <li>• May – Older Children involved in Criminal Activity</li> </ul>	PPG, CICQA, Early Help Audit	All to be completed in year – 6 monthly update reports
b		<b>2018/19</b> Joint Audits – theme Perinatal and Mental Health	PPG	To be agreed

c		Individual case audit reviews – these are commissioned as required	SCR	As appropriate
d		SCRs as required	SCR	As appropriate
e		RAG - Domestic Homicide Reviews and LSAB – Safeguarding Adult Reviews (share learning and outcomes for LSCB consideration where relevant)	LSCB	As appropriate
<b>4</b>		<b>Bespoke reports for 2018/19</b>		
a		Physical Abuse – bespoke audit required to assure the Board that physical abuse cases are being identified  Council and CCG to undertake audit and snapshot of primary reason for referral	PMG	Dec 18
b		SCR tracking and sharing findings (new system to be implemented)	SCR	Report to LSCB via SCR sub group
c		Update on MASH	B&NES Council	Bi annually
d		Audit quality of contacts and referrals to Children Social Care  Barnardo's to undertake	PMG	One off to be carried out by Oct – Dec 18
e		Monitoring report into: Invite and attendance / participation at teleconference or face to face at strategy discussion Invite and attendance / participation in ICPC	PMG  Safeguarding Admin team Council	One off to be carried out by Dec 18

		Invite and attendance / participation in RCPC		
f		Elective Home Education – assurance report given the rising level of national and local concern	LSCB	September 2018
g		JTAI – assurance that LSCB agencies are learning from others JTAI experience	LSCB and PMG	September 2018
h		Complex (toxic) trio – assurance that all actions / recommendations from phase 2 have been completed	PMG	March 19
l		Assurance that the CSE Action Plan has been delivered	CSE and Missing sub group	To be confirmed
j		Self harm re audit	PMG	Sept 18
<b>5.</b>		<b>Participation and feedback from Children and Young People</b>		
		Confirmed once approved at BMG		
<b>6</b>		<b>Inspections, peer review reports and external scrutiny</b>		
a		Inspection and peer review reports - All Board agencies / Commissioners to share relevant sections of their individual agencies inspection reports and action plans	All members	As available
b		LSCB stocktake	LSCB	Annually
c		Scrutiny from H&WBB, Scrutiny Panel and Corporate Parenting	LSCB	As required
<b>7</b>		<b>Challenge</b>		
a		Challenge log – register informal and formal challenges from Board members and the outcomes	LSCB / LSAB Business Support Manager	Quarterly
b		Challenge from Health and Wellbeing Children and Young People Sub Committee	LSCB	Bi-annually
c		Assurance that LSCB Ofsted Recommendations are completed	LSCB	June 2018
<b>8</b>		<b>Contract and Commissioning Reports</b>		
A		Report from Council on safeguarding self assessment visits in for commissioned services	B&NES Council and NHS Banes CCG	Annually (June 18 first one from Council)

<b>9</b>		<b>Risk Register</b>	LSCB	Annual
<b>10</b>		<b>LSCB Chairs Performance Report</b>	LSCB	Annual
<b>11</b>		<b>Actions from Thematic Reviews – monitor on quarterly basis. Themes for 2018/19 are:</b> June – CYP Participation September – JTAI December – Data Protection Act 2018 impact March - TBC	LSCB	Quarterly

### **3. Quarterly Report Information**

The PMG group receives quarterly data and performance information from the Police and Council . The group scrutinises the information on behalf of the LSCB and provides bi annual update reports. Escalations are made as appropriate.

### **4. Updating and Monitoring the Assurance Framework**

This Framework includes reports which will be provided for 2018/19 and those which will be ongoing. The Framework is updated annually at the June Board meeting to ensure new reports are set out for the forthcoming year.

## **Appendix 1**

### **LSCB Performance Indicators for 2018/19**

#### **Indicator 1: Training**

- 1.1 90% Relevant staff to have undertaken child protection standard training
- 1.2 90% Relevant staff to have undertaken child protection advance training
- 1.3 80% Relevant staff to have undertaken CSE awareness training
- 1.4 80% Relevant staff to have undertaken FGM awareness training
- 1.5 85% Relevant staff to have undertaken PREVENT awareness training
- 1.6 85% Relevant staff to have undertaken WRAP training
- 1.7 80% Relevant staff to have undertaken Domestic Abuse awareness training
  
- 1.8 100% Safeguarding Leads awareness of Modern Slavery / Human trafficking

The LSCB has agreed that it is each agencies responsibility to determine which of their staff members fall into the category of 'relevant'. For example a social worker, GPs, a school nurse, beat officers staff supporting children in face to face activities would be considered 'relevant' however an administrator in a nursery setting who has no contact with children would not be. The staff to be considered 'relevant' for advanced child protection or WRAP training need to be determined by each agency but the expectation is they would have completed the awareness and standard training and have progressed to the more advanced eg; those posts which are designated safeguarding leads for each agency.

Awareness training can be either face to face, e-learning or equivalent agencies need to decide. Agencies are asked to note the incremental rise in the PREVENT awareness.

#### **Indicator 2: Safer recruitment**

100% Relevant staff to have a DBS check before work commences with children or young people and families

100% of written references to be provided before work commences with children or young people and families

#### **Indicator 3: Attendance at Board**

- 3.1 75% Attendance at the LSCB

## **Appendix 2 Full LSCB Section 11 Audit 2018/19 and Mini Themed Audit tool**

### **Mini Themed Audit for 2018/19**

How services develop as a result of feedback and participation of children and young people