

Accelerated Improvement Plan December 2020

Aim of the plan	To deliver consistently good services so children are safer, sooner	
Priorities	1.	To reduce the proportion of inadequate practice and increase the proportion of improving practice so that practice is consistently good or better.
	2.	To ensure full participation in Essentials and in-house Management and Leadership Programmes to deliver consistency, compliance and quality of practice and performance as quickly as possible.
	3.	To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool, including: <ul style="list-style-type: none"> a) Supervision and Management Oversight (to be regular, reflective and appropriately recorded in order to drive good practice outcomes) b) Visiting and Direct Work (to be timely, purposeful and champion the voice of the child - including MASH red RAG rated contacts) c) Assessment of needs, risks and circumstances (to reflect the Essentials 2.0 Programme 'Anchor' and 'Risk' principles) d) Planning and Reviewing (to be C-SMART, adaptive and effective) e) Case Recording (to be up to date, clear and comprehensive)
	4.	To communicate with Practitioners, Managers and Leaders and engage their 'hearts and minds' to deliver practice and performance improvements
	5.	To protect children through timely decisions and risk informed intervention and support that has a positive impact and improves outcomes
	6.	To achieve permanence for children at the earliest appropriate opportunity to improve their life chances and overall outcomes

DASHBOARD

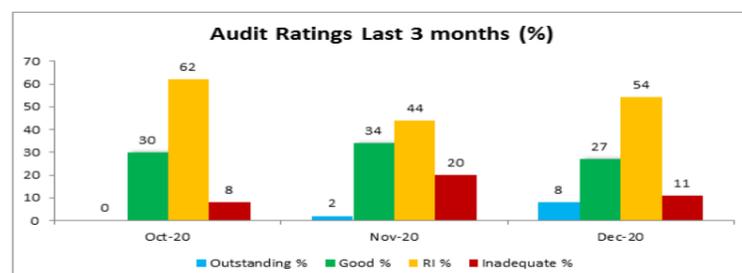
Reporting period:

December 2020 data for Improvement Board on 28 January 2021

Progress made

1. To reduce the proportion of inadequate practice and increase the proportion of improving practice so that practice is consistently good or better.

- The Ofsted Focus Visit notification was received on 22.09.2020 and the Focus Visit concluded on 08.11.2020. The Ofsted Focus Visit letter was published on their website on 20.11.2020.
- Monthly case file audits have continued since June 2020 following a two-month suspension as a result of CV19.
- The monthly QA performance ratings for the past quarter are outlined below:

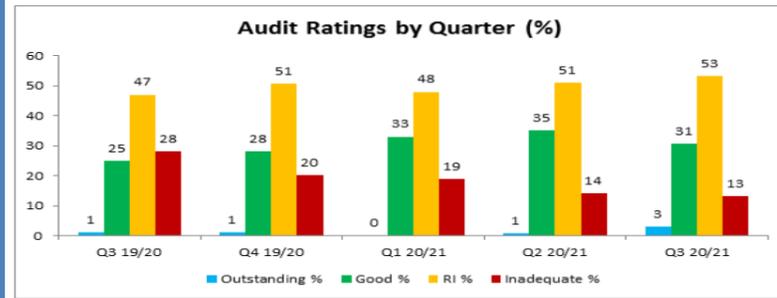


Actions Status

Impact Status

■ On target	X	■ On target	X
◆ At risk		◆ At risk	
▲ Compromised		▲ Compromised	
● Completed		● Completed	

- The quarterly QA performance ratings are as follows:



- The monthly and quarterly QA performance ratings are against a target of no more than 12% for inadequate audit outcomes (by January 2021) and a target of no less than 40% for good or better audit outcomes (by February 2021). The trajectory is largely positive although further improvement is required in the proportion of good and better audit ratings and stabilising and subsequently reducing the proportion of inadequate audit ratings.
- The current inadequate audit performance is 1% off target at **13%** when reported on a quarterly basis and 1% above target at **11%** on monthly basis (December 2021), which is broadly on track to meet the January 2021 target.
- Currently, good or better audit performance is 6% off target at **34%** when reported on a quarterly basis and 5% off target at **35%** for the month of December, which indicates further improvement is necessary to meet the monthly and quarterly target.
- Following the launch of the Practice Fundamentals quality control tool in May 2020, a suite of dip sampling tools was developed in July 2020 in order to test the impact on practice. These were launched in August 2020 via the SW Academy and Advanced Practitioner Forum and implemented from September 2020 to promote professional accountability for the quality of practice within the social work system. The outcome of this exercise is reported in more detail below.

2. To ensure full participation in Essentials and in-house Management & Leadership Programmes to deliver consistency, compliance and quality of

- The Social Work Academy training tracker has recently been updated to remove leavers and this will affect comparisons with previous reports. In addition, the training offer has been adjusted and extended to include Edge of Care staff as well as all new ASYEs, students and overseas social workers.
- The Essentials 2.0 Programme, which was suspended by the Social Work Academy during the first CV19 lockdown. It recommenced in September 2020 for all new starters, those who still need to complete all three modules and anyone needing a refresh. Delivery of Academy training was attempted using Jabber and then Webex as training platforms with sessions offered twice per week with up to 14 participants per session. Take up was initially slow but sessions are now mostly fully booked although actual attendance can be variable.
- Updated information for Essential 2.0 Programme confirms the following:

■ On target

x

■ On target

x

practice and performance as quickly as possible.

- 548 Eligible staff
- 280 (51%) staff have complete all 3 Essentials 2.0 Programme modules
- 48 (9%) staff have completed 2 Essentials 2.0 Programme modules
- 43 (8%) staff have complete 1 Essentials 2.0 Programme modules
- 176 (32%) staff have not completed any of the Essentials 2.0 Programme modules
- The Essentials 3.0 Programme thematic modules have been developed and being delivered through a virtual classroom called 'Big Blue Button'.
 - Module 1: Relational Practice delivery commenced in September and between then and December 2020, 57 staff (10%) of the workforce have been trained.
 - Module 2: Domestic Abuse delivery commenced in January with a cohort of 13. Between January and March, it is anticipated that 26 staff should complete all 4 modules
- GCC is part of the National Assessment & Accreditation System (NAAS) Trailblazer Programme which commenced in December 2020 to enable children's social workers to develop skills and knowledge to improve outcomes for children and families. There are 13 members of staff in Cohort 1 of our NAAS Trailblazer programme, which commenced in December 2020. 14 members of staff are signed up for Cohort 2, with the majority of these being social workers who want to be part of the Senior SW progression route. Their introduction workshop is scheduled for 20.01.20. The combined Trailblazer cohorts include 24 Social Workers and 3 Advanced Practitioners:

Practice Teams	Trailblazers Cohort
Assessment Teams	36%
Safeguarding Teams	28%
U11 Permanence	16%
11-25 Permanence	4%
DCYPS	12%
Fostering	4%

- The Curriculum & NAAS Lead in the Social Work Academy is consulting with Team Managers on the Leadership & Management Programme regarding a proposal for Practice Supervisor endorsement routes to be confirmed by the end of January 2021.
- The 8-day modular in-house Team Manager Leadership & Management Programme has continued since its launch in July 2020 and remains on track to be completed in Spring 2021:
 - There are 61 Team Managers identified in the Programme cohort
 - To date they have completed 4 sessions including the introduction day, quality assurance, quality control and quality assurance
 - Additional sessions are scheduled to cover power and authority, shaping the system, performance and resources, and emotionally intelligent supervision
- The DfE grant of £521k was approved on 05.11.2020. This supported the engagement of two transformation subject expert consultants, Jack Cordery and Clare Chamberlain, to start working on the children's social care re-modelling and the development of systemic practice as part of the Children's Services whole system Transformation Plan.
- Initial re-modelling and systemic practice scoping papers were presented to the first Transformation Programme Board on 13.01.2021. Both were agreed in principle subject to further and more detailed work by the Project Teams.
- Re-modelling 'as is' and 'to be' mapping and financial forecasting is already underway for an area model approach which is co-terminus with District Councils and Gloucestershire Police – North (Cheltenham & Tewkesbury), South (Cotswold and Stroud) and West (Gloucester and Forest of Dean).
- The SLT's vision, values and behaviours work is progressing towards the completion of a Leadership Pledge by early February.
- The DfE grant will fund the SLT Transformational Leadership and Development Programme

◆ At risk		◆ At risk	
▲ Compromised		▲ Compromised	
● Completed		● Completed	

	<p>which is due to start as soon as possible. The DfE grant will also fund a coaching programme for all Team Managers, Service Managers and Heads of Service which will also start as soon as possible. The delivery of this programme depends on conclusion of the provide procurement process which will hopefully be concluded in February 2021.</p> <ul style="list-style-type: none"> The DfE grant will also help to fund the delivery of a Manager Leadership and Development Programme for Service Managers. This is being developed for delivery after conclusion of the Team Manager Management and Leadership Programme. The DfE grant gave match funding to deliver the Trauma Informed Model of Care (TIMOC) training for Trevone House staff as part of a phase 1 pilot. A number of staff have already been trained. The next phase of training is for allocated social workers and team managers for the first young people moving into Trevone House. Despite lock down 2 and 3 Trevone House admissions remain on track as does the TIMOC training. The TIMOC is a trauma informed and ACEs aware approach to care. 																			
<p>3. To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool:</p> <p>a) Supervision & Management Oversight</p>	<ul style="list-style-type: none"> Casework supervision performance remains above the target of 80% at 85% in December. The Interim Director of Safeguarding maintains on-going scrutiny of casework supervision performance with monthly compliance reporting. Despite being above target there are some teams that further require improvement and targeted action is in place to support this. Professional supervision performance for December 2020 has remained stable at 93%. The break down of case supervision and professional supervision for December is as follows: <table border="1" data-bbox="454 842 1733 1157"> <thead> <tr> <th>Supervision Type</th> <th>Target / Tolerance</th> <th>Above target</th> <th>Within tolerance of target</th> <th>Below target</th> </tr> </thead> <tbody> <tr> <td>Case Supervision (focusing on the progress, planning and decision making with individual children and families)</td> <td>80% / 5%</td> <td>30</td> <td>4</td> <td>11</td> </tr> <tr> <td>Professional Supervision (focusing on social worker's professional support, learning, development and training needs)</td> <td>100% / 5%</td> <td>36</td> <td>14</td> <td>2</td> </tr> </tbody> </table> <ul style="list-style-type: none"> There has been an increase in reflective / clinical group supervision over the last 12 months, although this is variable and continues to be impacted by CV-19. Advanced Practitioners aim to facilitate these sessions on a remote and virtual basis. The recording of management oversight has improved and is more consistent with the Essentials 2.0 Programme framework and principles. The visibility of management oversight and case supervision within Liquid Logic records, is crucial to evidencing management 'grip and pace'. This remains a key practice and performance element within the Team Manager Leadership and Management Programme and Team Improvement Project (TIP). There remains a need for more reflection, professional curiosity and challenge to avoid simple solutions being ascribed to complex needs, risks and circumstances which need deeper analysis and more considered evaluation. The Team Improvement Project (TIP) is led by the lead improvement consultant and focuses on teams most likely, based on the past 6 months' evidence of weak practice and performance, to produce inadequate audit ratings. After two months of the TIP it is too early to see consistent improvement but indicators in some teams have improved and the trajectory is positive but not yet consistent. Most managers are responding positively to the coaching offer with evidence of changing behaviours. Some Team Managers appear 'stuck' and unable to sustain the actions necessary to improve their performance. This is being raised with relevant Heads of Service. The progress of all Team Managers will be reviewed before the end of February 2021. The Director of Safeguarding and Care continues to review a monthly Social Worker and Team 	Supervision Type	Target / Tolerance	Above target	Within tolerance of target	Below target	Case Supervision (focusing on the progress, planning and decision making with individual children and families)	80% / 5%	30	4	11	Professional Supervision (focusing on social worker's professional support, learning, development and training needs)	100% / 5%	36	14	2	<p>■ On target</p> <p>x</p>		<p>■ On target</p>	
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		<p>▲ Compromised</p>		<p>▲ Compromised</p>	<p>x</p>															

Performance Tracker populated by the performance Team and commented on by Heads of Service. Based on the November Tracker, there is a positive trajectory with fewer social workers and teams RAG rated red or amber for 3+ consecutive months. The December 2020 updated Performance Tracker is due before the end of January 2021.

- The Advanced Practitioner (AP) role profile was refreshed in December 2020 and now includes supervisory and managerial responsibilities for up to a total of three Trainee Social Workers on placement in social work teams as part of their professional qualification and newly qualified social workers in their first assessed and supported year in employment (ASYE). This development aims to further improve supervision and management oversight within teams, provide additional support for Team Managers and establish a clear professional pathway to support future succession planning as Advanced Practitioners are able to evidence appropriate supervision and management skills when applying for Team Manager roles.
- The new role profile is on track to be implemented in February 2021 following a period of transition planning during which the Social Work Academy has coordinated a knowledge, skills and training needs analysis. APs will be offered additional information, focused training and development, reflective practice learning sets and opportunities for peer to peer learning to help support and strengthen oversight within teams.
- The launch and implementation of the Practice Fundamentals Tool in May 2020 aimed to control the quality of practice and promote individual and collective accountability for achieving and maintaining consistently good standards of practice. In accordance with this a Practice Fundamentals dip sampling tool was launched in August 2020 to test the impact of this approach.
- The first report focusing on the implementation and impact of the Practice Fundamentals quality control tool was published on 18.01.2021 and covers the period November – December 2020 which focused on two areas of practice, assessments and management oversight.
- The outcomes are as follows:

Practice Fundamentals Focus	Dip Sampling RAG Rating	Moderation RAG Rating
Assessment (360 Liquid Logic children's records reviewed)	Red: 18% (63) Amber: 41% (148) Green: 41% (149)	Red: 40% Amber: 41% Green: 19%
Management Oversight (252 Liquid Logic children's records reviewed)	Red: 12% (21) Amber: 40% (72) Green: 48% (88)	Red: 18% Amber 58% Green: 24%

RAG Rating: Red: No evidence of PF standards Amber: PF standards evident with some development needed Green: PF standards met / evidence of good quality practice

- The key learning points are as follows:
 - There is progress and learning for staff (mainly APs) undertaking the dip sampling which means more staff are now being exposed to QA practice and being supported to develop new skills
 - The accuracy of judgements/RAG rating is not sufficiently secure yet so requires moderation
 - There are examples of good practice but these are not consistently good yet

● Completed

● Completed

3.To improve the quality and performance of social work practice in line with

- The overall picture for visits to children remains mostly positive:
 - The percentage of children subject to a Child Protection Plan seen within timescale was 88% in December 2020, of which 3% of children were seen virtually
 - The percentage of children seen within timescale for initial visits following contact was 75% in December 2020 (s47 enquiries was 73% and s17 was 75%). This represents a dip and

■ On target

x

■ On target

x

<p>the Practice Fundamentals Tool:</p> <p>b) Visits and Direct Work</p>	<p>needs to be picked up.</p> <ul style="list-style-type: none"> ➤ The percentage of Children in Need seen within timescale was 93% in December, of which 5% were seen virtually ➤ The percentage of Children in Care receiving statutory visits within timescale was 97% in December 2020, of which 1% were seen virtually <ul style="list-style-type: none"> • The Principal Social Worker reviewed the initial visiting pack and existing direct working tools and resources in consultation with practitioners and managers and these have now been re-launched. • The Principal Social Worker has now established an updated and refreshed direct work tool kit and established Participation Champions in all teams who can act as a single point of contact to promote direct work in teams. • The Participation Champions are also promoting 'Language that Cares' which is the excellent Ambassadors' campaign to address the choice of words used to talk with and about children. • The Fostering Service pilot project, focusing on life story and direct work with children and young people, has now culminated in Practice Guidance. This is now being promoted across the whole service. • Operating procedures regarding consent have been reviewed by the Caldicott Guardian and the Corporate Information Management Service to introduce privacy notices in line with GDPR standards and expectations. Staff training and support is on-going across the service. • The version 14 upgrade of the Liquid Logic system was completed. There were some ICT problems associated with this upgrade which impacted adversely on the service at the time but these have been resolved now. • Version 14 allows the use of an App and remote working tools to support direct work with children and young people. The opportunity to use iPads/tablets that are compatible with Liquid Logic is subject to further development. DCYPS is a pilot team as it is recognised that disabled children and young people will benefit from the alternative methods of communication that this will be able to provide. 	<p>◆ At risk</p>		<p>◆ At risk</p>	
		<p>▲ Compromised</p>		<p>▲ Compromised</p>	
		<p>● Completed</p>		<p>● Completed</p>	
<p>3. To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool:</p> <p>c)Assessments</p>	<ul style="list-style-type: none"> • The majority of social work single assessments completed in December 2020 were within timescale (82%). This remains within tolerance of target (85%) and is in line with peer comparators (81.7%). • Timeliness of decision making for red RAG rated contacts in the MASH declined in December 2020 to 81%. Of note are ICT issues associated with the provider Sopra Steria which impacted on performance. There have been additional ICT issues in January 2021 as well. • The previous arrangements for controlling the quality of legal planning evidence bundles undertaken by the seconded Ofsted HMI during the first CV19 lockdown ended at the end of August. In light of on-going challenges with the assessment and preparation of evidence for legal planning meetings the Director for Safeguarding initiated a task and finish group to complete and end to end review of practice guidance, operating protocols and the Liquid Logic legal episode. The review is on track to launch agreed changes in the first week of February 2021. • The January 2021 Improvement Board has a report about partnership activity in relation to contacts. This relates to the Ofsted Focus Visit and the comparatively high rate of contacts that inspectors queried as to whether the partnership is risk averse and/or not understanding or complying with locally agreed thresholds. • On a related matter of re-referrals, the December 2020 performance was 29% which is 5% off target. This is very close to the 3-year low seen in October 2020 but nevertheless still represents a high proportion and is not comparable with statistical neighbours at 20.3%. • A monthly dip sample of all re-referrals continues across the six Localities and is evaluated and reported by the interim Assistant Director. This will continue until the re-referral rate reduces to the target of 24%. The most recent re-referral overview report identified common thematic 	<p>■ On target</p>	<p>x</p>	<p>■ On target</p>	
		<p>◆ At risk</p>		<p>◆ At risk</p>	
		<p>▲ Compromised</p>		<p>▲ Compromised</p>	<p>x</p>

	<p>issues across all Localities and a targeted improvement action plan is now in place to address these issues. A further review is due before the end of January 2021 about the December re-referrals activity and findings.</p> <ul style="list-style-type: none"> Following a dip sample of children's case records, which supported the hypothesis that practice is largely 'colour blind' with practice not taking sufficient account of ethnicity, race, language, religion and culture, the Social Work Academy has now begun the proposed 'Social Graces' training. This provides a framework for explaining visible and invisible elements of identity that may impact on people's lives and their behaviours. The PSW continues to facilitate team drop ins where this has been a consistent practice theme. A review report is due to be presented to the Leadership Team at the end of January 2021. Workshops focusing on the Neglect Tool Kit Check List, the Pre-Birth Risk and Vulnerability Matrix and Pre-Birth Assessment have been completed with all teams across the service. Most recently an updated Exploitation Screening Tool (for child sexual and criminal exploitation) has been included as part of a new Liquid Logic exploitation work space has recently been launched. ICT development work has been completed in Liquid Logic with the associated reporting functionality reported that is starting to be looked at in monthly performance surgeries for all teams/service areas. 	<p>● Completed</p>		<p>● Completed</p>	
<p>5.To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool:</p> <p>d) Planning and Reviewing</p>	<ul style="list-style-type: none"> C-SMART Planning remains a priority across the whole service for children in need of support, protection, care and care leaving services. Overall, the quality of plans is beginning to improve although not all are consistently good or better yet. In terms of children and young people subject to a plan in December 2020 there were: <ul style="list-style-type: none"> CIN - 1,992 down 9% since March 2020 CP – 703 down for 3 months running from 761 CIC – 792 up 7% since March 2020 and the highest number to date Care Leavers – 440 up 9% and increasing since March 2020 	<p>■ On target</p>	<p>x</p>	<p>■ On target</p>	
	<ul style="list-style-type: none"> The recent changes to the CIN Planning and Review Protocol are now being implemented to increase the level of management oversight. Team Managers are now expected to chair the 1st CIN review 4 weeks after the conclusion of the Single Assessment, three months after that and then at six-monthly intervals thereafter. The new performance trend needs to be established against the changes to the new CIN Planning and Review Protocol 	<p>◆ At risk</p>		<p>◆ At risk</p>	
	<ul style="list-style-type: none"> The timeliness of Initial Child Protection Conferences had previously been a significant long-standing performance concern but as a result of targeted improvement activity across the whole system, performance has improved significantly, been maintained and was 94% in December 2020. This is above target (80%) and much better than peer comparators (73.1%) Only a small proportion of children have been subject to a protection plan for more than two years and all of these are subject to court care proceedings. The timeliness of Review Child Protection Conferences was extremely good (99%) again in December which is above target (95%) and significantly better than statistical neighbours (75.2%). 	<p>▲ Compromised</p>		<p>▲ Compromised</p>	<p>x</p>
	<ul style="list-style-type: none"> All child in care statutory reviews remained timely for the 7th consecutive month in November (100%) which is above target (98%). The outcome of the GSCP thematic Child Safeguarding Practice Review (CSPR) regarding three young women who have been sexually exploited has resulted in a number of strategic improvements. The National Working Group, who Children's Services commissioned to support the submission to the CSPR, has now been engaged by the GSCP to act as a 'critical friend' for the partnership group who are tasked with drafting a Strategy for Young People at risk (of exploitation) outside the home. This strategy will be important for Children's Social Care as this was raised during the Ofsted Focus Visit and will be a key line of enquiry for the full inspection. Strategic leads for children's social care and the police are currently exploring opportunities for improving joint working. Initially this includes a focus on two key issues; Child Protection Strategy Discussions; and Contextual Safeguarding. Plans for joint Police – Children's Social 	<p>● Completed</p>		<p>● Completed</p>	

	<p>Care workshops have been put on hold due to the 3rd lockdown but will be rescheduled in due course.</p> <ul style="list-style-type: none"> The Director for Safeguarding and Care continues to consult with Police about plans to streamline and coordinate shared resources to target children who have suffered, or are at risk of suffering, significant harm as a result of sexual and criminal exploitation, including 'county lines', missing, trafficking and modern-day slavery. This will inevitably be supported by the emerging Strategy for Young People. A revised and refreshed Liquid Logic legal workspace has helped to improve the planning and reviewing functions for both Public Law Outline pre-proceedings and court care proceedings to support the pre-proceedings improvement action plan and the task and finish group working to improve evidence for legal planning meetings. 				
<p>3.To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool:</p> <p>e) Recording</p>	<ul style="list-style-type: none"> Whilst most children's social care Liquid Logic records can be accessed and navigated fairly easily, recording is not always consistently good or better and this remains an improvement priority for all service areas. The fragility of ICT during the CV19 pandemic and the necessity to rely on this so heavily has taken its toll on the workforce. Given the reporting of many KPIs rely on prompt recording this continues to be a worry and a concern which managers are attempting to support the workforce to address. Changes to the recording of three-monthly case summaries continue to help improve recording standards and these stood up well to Ofsted scrutiny during the recent Focus Visit and received positive feedback. Liquid Logic functionality has been developed and improved to support recording in the following areas: <ul style="list-style-type: none"> Recording child protection Strategy Discussion decisions and rationale Recording the progress and outcome of child protection enquiries and decision making Recording Step-Up and Step-Down arrangements Recording a new exploitation episode with an updated Screening Tool Recording a revised and refreshed legal episode The Ofsted Focus Visit, CIN Census and 903 Return highlighted a number of ICT and practice issues including the need for URNs, disability codes and permanence codes and these are in the process of being addressed and will be in place before the Ofsted ILACS. Guidance to avoid the use of Written Agreements with Parents has been issued to ensure all key information is included in the Child's Plan and this continues to be endorsed by relevant HOS. A dip sample of 19 children's Liquid Logic records revealed that recording was largely 'colour blind' and failed to adequately take a child's race, ethnicity, culture, language and religion into account. The PSW and Social Work Academy developed a training programme to promote the use of the 'Social Graces' learning tool which describes information about personal and social identity which affords people different levels of power and privilege. An additional module has also been added to the Essentials 3.0 Programme to increase the focus on equality, diversity and inclusion. 	<p>■ On target</p>	<p>x</p>	<p>■ On target</p>	
		<p>◆ At risk</p>		<p>◆ At risk</p>	
		<p>▲ Compromised</p>		<p>▲ Compromised</p>	<p>x</p>
		<p>● Completed</p>		<p>● Completed</p>	
<p>4.To communicate with Practitioners, Managers and Leaders and engage their 'hearts and minds' to deliver practice and</p>	<ul style="list-style-type: none"> CV19 Business Continuity Planning arrangements continue with Head of Service catch up meetings each Monday morning, an extended Bronze Group and Leadership Team meeting each Wednesday morning, with Services Managers attending on a monthly basis, as well as a Bronze Group meeting each Friday. Cllr Boyles and Claire Burgess, DfE Advisor, continue to attend Bronze Group Meetings on a weekly basis. Although overall sickness rates for children's social care staff are currently lower than pre-CV19 although there has been more CV19 related sickness within the workforce recently. 	<p>■ On target</p>	<p>x</p>	<p>■ On target</p>	

<p>performance improvements</p> <p>Sickness is well managed via daily tracking and has not yet impacted adversely on the ability to deliver services.</p> <ul style="list-style-type: none"> The service remains in a response, rather than recovery, mode. At the start of the most recent 3rd lockdown, in the light of the increased transmissibility of the new variant of CV19, SLT took a decision to 'pause and review' to take stock and refresh all CV19 risk assessments and business continuity planning arrangements. This decision was taken balancing the statutory duty to safeguard children with the corporate duty of care for safety and wellbeing of our workforce. For two days in January routine visiting reverted to remote and virtual, except in the case of children at risk of significant harm or with complex needs. PPE Guidance was refreshed with input and guidance from Public Health colleagues and full-face visors added to the existing suite of PPE for critical (key) workers undertaking home visits and having direct contact with children, young people and families. This was well received by the workforce. In accordance with the national Standard Operating Procedure, Phase 2 vaccinations are now being progressed for health and social care staff working with clinically vulnerable children and adults. This is causing some anxiety amongst the workforce as there was an earlier indication that these would be more widely available to critical (key) workers (or foster carers) in Children's Services. Matters are further compounded as GCC staff are aware of other local authorities adopting a broader approach encompassing all front-line social workers. Access to Lateral Flow Tests for staff are a similar concern. These are potentially compromising features. Managers continue to utilise formal and informal opportunities to stay in touch with staff and remain well connected. The aim is to counter any fatigue in the system, manage the increased anxiety about the transmissibility of the new variant and deal with any frustrations about the sequencing of vaccinations and access to lateral flow tests for all critical (key) workers (and foster carers). The DCS has led a series of very well attended webinars during the first phase of lockdown 3 in January 2021. There has been a thirst for information, particularly in respect of vaccinations. The PSW has continued to support staff team drop-ins to listen and respond to the voice of front-line practitioners and managers. The PSW Annual Social Worker Health Check Survey has concluded and related focus groups with social workers and social work managers have taken place. The survey response rate was circa 60% and the final report is due before the end of January 2021. The PSW continues to publish a SW Round Up to streamline and coordinate all the national, regional and sector led CV-19 related communications for CSC staff To date, 34 x CV-19 technical briefings have been produced and disseminated to all CSC staff, including relevant updates as necessary and appropriate. Positive staff feedback has been received about the accessibility and helpfulness of this messaging. These briefings continue to be shared via the GSCP with safeguarding partner as part of a reciprocal arrangement to keep partners informed and updated about any changes to operating practices as a result of CV-19 and lock down restrictions. The Ofsted Focus Visit letter was published on 20.11.2020. This stated that "The local authority's response to COVID-19 has been positive, proactive and well managed." Furthermore, Ofsted concluded that "...social workers have demonstrated considerable resilience during COVID-19, not least in adapting to the challenges associated with remote working. They say they feel, and are being, well supported." Recent announcements from Ofsted indicate that full inspections are likely to be resumed as early as April 2021 in the Summer term. The previous DfE review report was received on 14.08.2020. The 6-monthly update review report has now been completed. 	<p>◆ At risk</p>	<p>◆ At risk</p>		
	<p>▲ Compromised</p>	<p>▲ Compromised</p>		<p>x</p>
	<p>● Completed</p>	<p>● Completed</p>		

<p>5.To protect children through timely and consistent risk informed intervention and support that has a positive impact and improves outcomes</p>	<ul style="list-style-type: none"> Following the Ofsted Focus Visit, there was a review of the Strategic Performance Meeting to ensure it is collaborative and focused on practice, performance, logistical and improvement activities. The Improvement Activity Grid (IAG) continues to target agreed improvement priorities, and underwent a refresh following the Ofsted Focus Visit. In addition to existing improvement priorities, the post-Focus Visit refresh now incorporates a renewed focus on: <ul style="list-style-type: none"> A Team Improvement Project (TIP) Re-referrals PLO Pre-Proceedings Admission to Care (Edge of Care developments) Permanence Project Personal Education Plans In November the timeliness of ICPCs was above target (80%) after a range of targeted improvement activities across the service. The proportion of children becoming subject to a second or subsequent protection plan remains above target (25%) at 37%. Targeted improvement action remains a key focus in line with the repeat CP planning thematic audit findings conducted earlier in the year by Hampshire Children's Services. A repeat thematic audit has been delayed due to CV-19 but it is anticipated that this can be agreed following the current lock down. In November, 85% of children had been subject to a child protection plan for less than 1 year and 22 children (3.1%) subject to a child protection plan for more than 2 years which is slightly higher than target (2.0%). All of these children are subject to Public Law Outline pre-proceedings and care proceedings. The Ofsted Focus Visit challenged children's social care with a key line of enquiry about Public Law Outline pre-proceedings. An urgent review and report were completed on 07 and 08.10.2020 to address the HMI concerns and this was largely accepted. A pre-proceedings action plan was included in the urgent review report and is being implemented to ensure children who need legal protection receive this in a timely way. Whilst improvement actions are on track the impact of these actions will be compromised until the management and practice associated with the high rate of re-referrals and the tracking of pre-proceedings has been addressed and improved. 	<p>■ On target</p>	<p>x</p>	<p>■ On target</p>	
		<p>◆ At risk</p>		<p>◆ At risk</p>	
		<p>▲ Compromised</p>		<p>▲ Compromised</p>	<p>x</p>
		<p>● Completed</p>		<p>● Completed</p>	
<p>6.To provide care and achieve permanence for children at the earliest appropriate opportunity to improve their life chances and overall outcomes</p>	<ul style="list-style-type: none"> As already stated above, following the Ofsted Focus Visit, there has been a review of the Strategic Performance Meeting (SPM). The SPM changes are already supporting more collaborative and focused meetings about practice, performance, logistical and improvement activities. The Improvement Activity Grid (IAG) continues to set out agreed improvement priorities, and this underwent a refresh following the Ofsted Focus Visit. In addition to existing improvement priorities, the post-Focus Visit refresh incorporated the four key areas that Ofsted said needed to improve which relate to care planning and decision making and include: <ul style="list-style-type: none"> Pre-proceedings tracking to prevent drift and delay Edge of Care service for children and families Placement availability and choice to reduce disruptions Personal Education Plan quality to be ambitious, specific and measurable The Pre-Proceedings improvement action plan put in place during the Ofsted Focus Visit remains on track in all respects. The summary update report dated 22.12.2020 outlined the following and a further update is due before the end of January 2021: <ul style="list-style-type: none"> 72 family groups subject to pre-proceedings, down from 78 in November 18 of these were over the 26-week timeline, down from 30 in November The longest running set of Pre-Proceedings 77 weeks (due to CV19 related issues with independent experts) 	<p>■ On target</p>	<p>x</p>	<p>■ On target</p>	
		<p>◆ At risk</p>		<p>◆ At risk</p>	<p>x</p>

	<ul style="list-style-type: none"> ➤ One set of Pre-Proceedings was at 26 weeks ➤ 53 sets of Pre-Proceedings were within 26 weeks, compared to 47 in November ➤ 16 sets of new Pre-Proceedings were started between 17.11.2020 and 21.12.2020. ➤ 15 sets of Pre-Proceedings concluded during this period and 11 of these had already concluded and were picked up through a data cleansing exercise. 	<p>▲ Compromised</p>		<p>▲ Compromised</p>	
	<ul style="list-style-type: none"> • The IRIS formal review concludes in January 2021. The new Edge of Care Service will then comprise of remaining IRIS staff and existing DPST staff. Jack Cordery, independent subject expert for the transformation re-modelling is presenting an Edge of Care proposal to the February 2021 Transformation Programme Board. The next phase of the Edge of Care Service development will focus on diversion from care, support in care and reunification. • In addition to the above, a new Admission to Care Panel will begin on 03.02.2021. The panel will be chaired on a weekly basis by the Director of Safeguarding and Care or the Assistant Director in order to: <ul style="list-style-type: none"> ➤ Improve overall planning and decision making by practitioners and managers ➤ Reduce same day replacement requests to in-house Fostering and the Placement Commissioning Team from social work teams ➤ Improve placement searching and matching opportunities ➤ Achieve the 'right placement first time' for children ➤ Reduce placement instability and disruptions for children • A Placement Sufficiency report has been prepared for Improvement Board by the Assistant Director for Integrated Commissioning to address placement availability and choice. • The Permanence Project is being led by the interim Assistant Director and phases one and two have now been completed. The Permanent Project focussed on: <ul style="list-style-type: none"> ➤ Children who have achieved permanence. ➤ Children with a clear plan for permanence but where further actions are required to achieve it. ➤ Children without a clear plan for permanence or where there is significant drift and delay in achieving it. • The conclusion of the permanence panel programme provided a measured sense of reassurance that, for the majority of the children in our care, permanence had either been achieved or is imminently achievable. There are however, two significant caveats to set against this conclusion: <ul style="list-style-type: none"> ➤ Far too many of Gloucestershire's children in care are living in situations of instability and uncertainty as evidenced by our poor placement stability performance. ➤ Good outcomes are often being achieved more by good fortune and the work of individuals rather than by a system that routinely delivers this for every child in care. • It is concerning that it has taken the review for the service to gain a clear picture of how well GCC CSC is performing as a corporate parent for the children in its care. There are outcomes, learning and actions that are all being progressed and the permanence panel programme will be repeated for children of concern in late March/beginning of April 2021. • The in-house Fostering Service improvement action plan, which was reported on in the November Improvement Board, remains on track. As a result of more targeted management and leadership, improvements are now being reported. In summary: <ul style="list-style-type: none"> ➤ The Service is on course to recruit 44 new foster carer households this year (against a target of 35) ➤ There is increased Panel activity to cover the matching identified via the Permanence Review Panels ➤ All quality indicators are at or above target except Fostering Social Worker supervising visits with FC which has dropped to 51% from 65% in September 2020. ➤ Capacity is up again at 77% against a target of 75% - although the overall number of approved foster carer households have reduced from 221 in January to 200 in December 2020, which is equivalent to an overall reduction of 82 CIC placements, this is due to the capacity review, data cleansing and panel activity to ensure approved 	<p>● Completed</p>		<p>● Completed</p>	

foster carers are active and providing regular good quality care
 ➤ Despite this reduction in approved foster carer households, there has been a small increase in the overall number of children in care placed with an in-house foster carer to 286 which is evidence of a leaner but more efficient and effective service.

- The independent LGA associate consultant appointed to undertake a root and branch review of the in-house Fostering Service is due to report in February 2021.
- Placement stability (long and short term) is a continuing concern. In respect of short-term placement stability 18% of children in care had 3 or more placements over the last 12 months across all periods of care (145 children). We are an outlier - this does not meet our target (13%) and is poorer performance than our statistical neighbours (9.8%). Long-term stability has remained at 60% (128 children) which is below our target (65%) and our statistical neighbours (70.1%).
- Just over a quarter of children in care were accommodated under a Section 20 arrangement in December. Performance is worse than target and remains an outlier compared with the national average. Court care proceedings are underway for just under one-fifth of these children to provide a legal framework for their safeguarding and care. HOS continue to track and report on the s20 cohort of children at service/locality levels to ensure management action is updated in the child's record outlining the rationale for s20 and any action that is necessary.
- CSC continue to receive positive praise for its use of the eight Virtual Court Rooms for care proceedings in Cheltenham and Shire Hall, however the demand for court time is placing significant pressure on GCC Legal Services. Court care proceedings are at their highest level with significant pressures arising from the combined impact of CV19 and judicial delays.
- All court care proceedings have been reviewed by CSC in consultation with Legal Services and liaison with the Court, CAFCASS and other related parties. Delayed applications as a result of CV19 have now been addressed, urgent and critical proceedings issued during CV19 remain on track and all outstanding finding of fact and final hearings have now been re-scheduled.
- There is now a recognition that a shift in cultural practices is required to ensure swift and purposeful progress to build capacity within the judicial system and support professionals who are working under considerable pressure. HHJ Wildblood has recently been explicit about how he intends to influence the local custom and practice and a new briefing note has been prepared to start managing these changes within both children's social care and legal services.
- Performance for care leavers with an up-to-date Pathway Plan (84%) has declined this month and is below target (90%). Improvement action is underway in response to the previous quarterly in-service pathway planning audit. Remedial action regarding the Pathway Planning Process and use of Pathway Planning Tools has led to ICT improvements in the Liquid Logic pathway. A quarterly pathway planning audit put back to accommodate the Ofsted Focus Visit was completed in November and reported in December 2020.
- A high proportion of care leavers continue to live in suitable accommodation (94%) which is an improvement from August (87%). Tracking and reporting continues for care leavers who experience actual or likely risk of eviction from independent accommodation. They continue to be reviewed on a weekly basis during the CV-19 pandemic to ensure continuity of support and intervention as necessary and appropriate.
- 52 % of Care Leavers (aged 19 – 21) were in education, employment or training in December which is similar to 2019. This is within tolerance of statistical neighbours (53.9%) but lower than target (55%). The Council has engaged with the 'Kickstart' programme for government funding for employers to create job placements up until December 2021 for 16 to 24 olds on Universal Credit who are at risk of long-term unemployment.
- The GSCE approved the Children of Concern in the Community report presented by the interim Safeguarding Director. The safeguarding partnership agreed to extend the deep dive review to all partners and establish a representative group of strategic partners to oversee the process, outcome and learning. The representative group will take forward a new strategic approach to identify, consult, problem solve and respond to children of concern to ensure concerns and risks are shared and responded to within the context of the 'shared and equal' duty under the Working Together (2018) statutory guidance.

To reduce the proportion of inadequate practice and increase the proportion of improving practice so overall practice is consistently good or better.							
Rationale	The percentage of inadequate case work identified through case file audit needs to reduce			Actions status		Impact Status	
				■ On target	X	■ On target	X
Reporting period:	1 st December 2020	To	31 st December 2020	◆ At risk		◆ At risk	
				▲ Compromised		▲ Compromised	
				● Completed		● Completed	
Objectives	<ul style="list-style-type: none"> To improve the quality of Assessment and Planning Reduce the % of Inadequate practice identified through case file auditing to no more than 12% for a sustained period of 3 months by January 2021 and prior to inspection Increase the % of Good or better practice identified through case file auditing to at least 40% for a sustained period of 3 months by February 2021 and prior to inspection 			Comments about overall status	There is a positive improvement trajectory with a reduction in 'Inadequate' casefile audits outcomes which now need to be stabilised. Good and better audit outcomes need to continue to improve and this is most likely by re-doubling more focus on practice that requires improvement to become good.		
Progress made this period:	<ul style="list-style-type: none"> The programme of monthly case file auditing continued with a positive trajectory being reported. Continuation of the quality assurance framework progressing other targeted audits and dip sampling initiatives to complement case file auditing e.g. admission to care dip sampling, repeat referral dip sampling and quarterly pathway planning reviews etc. Implementation of the Practice Fundamentals dip sampling tool focusing on management oversight and assessments Progression of the new Team Improvement Project (TIP) targeting 15 teams most likely to generate inadequate audit ratings 			Actions next period:	<ul style="list-style-type: none"> Ensure all remedial actions arising from monthly case file audits are addressed promptly and deliver improved outcomes for children Continue to promote Practice Fundamentals and dip sampling tool to increase individual and collective accountability for achieving and maintaining good or better practice standards Address the findings, learning and recommendations from other targeted audits and dip sampling 		

Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
Identify teams and individuals for targeted improvement activity	Leadership Team	This will lead to focused interventions for teams and individuals identified as needing support based on performance data and results of QA audits	Monthly based on Performance reports and QA audit outcomes
Applying learning from of Essentials Training to manage risks and harm (Anchor Principles)	Heads of Service	Better and more consistent risk management and risk review	Monthly (via auditing, supervision and management oversight)
Good practice sharing scheme	Heads of Service/Team Managers with PSW	Good practice examples are shared between peers and celebrated to increase overall awareness about what good looks like	Monthly (via the frequency of weekly Bronze, Leadership & Management Meetings & PSW Drop Ins)
Monitoring use of audit exemptions	Director (Safeguarding)	Increased completion of audit	Monthly for each round of case file audits re-starting in June 2020
Review of top 20 Neglect children cases in each locality (top 40 in Gloucester) which have had the most delay / drift	Head of Improvement	This will lead to actions to remediate to drifts and delays	Completed by 30 th June
Develop a case file review tool to address concerns identified via Ofsted or Audit	Head of Improvement	This will lead to actions to remediate to drifts and delays	Completed by 24 th June

programme			
Establish a programme of case file review activity	Head of Improvement	This will lead to actions to remediate to drifts and delays	Completed by 24 th June
Establish a "field force" to deliver case file review programme	Leadership Team	This will lead to actions to remediate to drifts and delays	Completed by 24 th June
Review of audited cases where there are outstanding audit actions	Heads of Service/Team Managers	Increased impact of audits on children's circumstances	Monthly from 15 th May
Review of Ofsted cases to address identified concerns (112 cases)	"Field Force " team	This will lead to actions to remediate to drifts and delays	Completed at end of March
Revise case file audit form based on Ofsted grading	Head of Quality & Safeguarding (Children & Young People)		Completed by 30 th June
Launch revised audit tool and QA framework	Head of Quality & Safeguarding (Children & Young People)		Launched 1 st July

Metrics																												
Improving & Embedding																												
	November 19		December		Jan 20		February		March		April		May		June		July		August		September		October		November		December 20	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
% of cases judged as inadequate	5%	26%	5%	30%	5%	12%	5%	25%	5%	23%	12%	N/A	12%	N/A	12%	19%	12%	18%	12%	5%	12%	17%	12%	8%	12%	20%	12%	11%
% of audit actions from previous month within timescale	80%	29%	80%	23%	80%	22%	80%	24%	80%	30%	80%	N/A	80%	N/A	80%	31%	80%	38%	80%	28%	80%	43%	80%	43%	80%	35%	80%	48%
% of cases judged as good	35%	29%	35%	22%	35%	32%	35%	25%	35%	27%	35%	N/A	35%	N/A	35%	33%	35%	32%	35%	41%	35%	32%	40%	30%	40%	34%	40%	35%
Number of Neglect cases reviewed (cumulative)																												
Number of Ofsted cases subject to case file reviews and remedial actions (111) (cumulative)		97		99		99		111		111		111																
Number of RI/Inadequate cases subject to case file reviews and remedial actions (173+272) (cumulative)		237		296		311		408		408																		

Participation in Essential and in-house Leadership and Management Development programme							
Rationale	Essentials principles need to continue to be embedded to improve the quality of overall practice			Actions status		Impact Status	
				■ On target	X	■ On target	X
Reporting period:	1 st December 2020	To	31 st December 2020	◆ At risk		◆ At risk	
				▲ Compromised		▲ Compromised	
				● Completed		● Completed	
Objectives	<ul style="list-style-type: none"> Resume and increase the completion rate of the Essentials 2.0 Programme Initiate and progress the Essential 3.0 Programme Initiate and progress the In-house Team Manager Leadership Management Development Programme Initiate and progress the Trauma Informed Model of Care (TIMOC) training programme 			Comments about overall status	<ul style="list-style-type: none"> All aspects of the identified training programmes are progressing and on track 		
Progress made this period:	<ul style="list-style-type: none"> The delivery of the Essentials 2.0 Programme has resumed and to date has engaged around 400 practitioners out of circa 540 who are eligible. The delivery of the Essentials 3.0 Programme has started and has engaged around 70 staff to date. The Team Manager Leadership and Management Programme continues. Following a delay due to CV19, the Institute of Family Therapy (IFT) has started to deliver the outstanding systemic practice awareness raising training with Team managers as an integral part of the existing Team Manager Leadership and Management Programme The TIMOC training programme is continuing The procurement process to confirm the provider for the SLT Transformation Development Programme and Team Manager, Service Manager, Head of Service Coaching Programme has commenced. 			Actions next period:	<ul style="list-style-type: none"> Continue delivery of the Essentials 2.0 Programme and update the refreshed attendance tracker Continue delivery of the Essentials 3.0 Programme Continue delivery of the Team Manager Leadership and Development Programme Continue delivery of the IFT training for Team manager Continue delivery of the TIMOC training programme with children's social care staff with young people placed in Trevone House Complete the SLT Leadership Pledge Complete the training procurement process to identify a provider for the SLT Clarify success measures to determine the impact of training on practice and performance 		

Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
Analysis of current participation and identification of practitioners / managers requiring attending 1 or 2 modules for completing the Essentials Training	Quality Assurance Team	Target communications to individuals who have missed one or two modules	Completed
Actions to ensure attendance of practitioners missing 1 or 2 Modules.	Heads of Service/Team Managers	Increased overall completion of essential modules	Delivery of the planned sessions completed at end of July. More session arranged from September 19 – Business as usual from October 19
Revise Essentials Delivery Programme	Quality Assurance Team	Facilitate attendance and completion of modules (e.g. merging some modules)	Completed
Target next batch of Essential training to focus on TMs and APs	Heads of Service/ Quality Assurance Team	Increased numbers of TMs and APs who have completed the programme	All sessions planned have been delivered. Another round of sessions planned from September. Practice oversight for AP in development

Metrics	
	Improvement & Embedding

	November 19		December		January 20		February		March		April		May		June		July		August		September		October		November		December 20		
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
Number of Practitioners having completed Essentials 2.0 Programme (resumed September 2020)																					295		298		315		** 280	51%	
Number of staff having completed the Essentials 3.0 Programme (started September 2020)																												57	10%
Number of TMs and HofS who have completed 7 modules + of IPC management development programme				51																									
Number of Team managers completed 8 modules of the in-house Management & Leadership Programme (started in July 2020)																												61	TMs
Number of TMs, SMs and HOS receiving 1:1 and group coaching (DfE funded start date tbc)																													n/a
Number of staff having completed the TIMOC training (starting November 2020)																													28

** SWA Tracker for Essentials 2.0 Programme reviewed and refreshed in December 2020 to align with current staffing list and therefore not comparable with previous monthly reporting.

To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool: Supervision & Management Oversight							
Rationale	Supervision previously relied on manual return leading to an incomplete picture in terms of extent and frequency of supervision. A tracker has been established, this will lead to better understanding of impact of supervision on quality of practice. Lack of supervision has been previously cited in exit interviews. Good quality case supervision is at the heart of achieving good outcomes for children and helps to create the conditions within which social workers can grow and deliver best practice.			Actions status		Impact status	
				■ On target	X	■ On target	
			◆ At risk		◆ At risk		
Reporting period:	1 st December 2020	To	31 st December 2020	▲ Compromised		▲ Compromised	X
				● Completed		● Completed	
Objectives	<ul style="list-style-type: none"> To drive good practice and decision making and be regular, reflective and appropriately recorded 			Comments about overall status	Targeted improvement work continues to be on-going to ensure supervision and management are of a consistently good quality, timely and well recorded.		
Progress made this period:	<ul style="list-style-type: none"> Continuing scrutiny of case supervision performance and follow up with underperforming team managers to establish oversight from relevant Head of Service. Continuing focus on professional supervision and reflective / clinical supervision. Continuing scrutiny to address individual social workers and team performance on the performance tracker with performance improvement for those RAG rated red and amber for 3+ consecutive months. Progress of the Team Improvement Project (TIP) targeting 15 identified Team Managers where practice and performance analysis indicates a likelihood of inadequate audit outcomes. Implementation of the Practice Fundamentals dip sampling quality control tool with summary report providing a focus on management oversight. Progressing the procurement process to identify the provider for the coaching and SLT transformation development programme. 			Actions next period:	<ul style="list-style-type: none"> Continuation of the monthly case file audits Continuation of the Practice Fundamentals dip sampling tools/exercises Continued targeted action by the interim Director Safeguarding to address case supervision with underperforming Team Managers e.g. direct contact with Team Managers who continue to underperform. Continued targeted action in relation to the SW and Team Performance Tracker with HR action to address identified capability issues. Continued implementation of the Team Improvement Project with initial review report. Completion the procurement process to confirm the provider for the coaching and SLT transformation development programme 		

Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
Refresh supervision procedures and standards	Director of Safeguarding	Requirements and minimum standards are strengthened and made clearer	Completed and relaunched
Monthly reporting on recording casework supervision compliance for scrutiny and review with all Team Managers	Head of Service / Director of Safeguarding with HR	To address compliance and improve performance by enforcing casework supervision recording standards	Marked improvement in June 2020 & monthly thereafter
Complete evaluation of safeguarding TMs	Head of Service / Director of Safeguarding & HR	To improve the practice of underperforming SWs and TMs, to include formal HR performance management measures where necessary and appropriate	To track identified SWs & Team Managers and establish performance management plans by end of June 2020 - completed
Essex TM mentoring	Head of Service / Director of Safeguarding	To increase confidence and quality of supervisions provided by TMs	Completed
Improvement Advisors to coach / mentor targeted TMs	Director of Safeguarding / Improvement Adviser	To increase confidence and quality of management oversight and accountability for practice standards provided by TMs	September 2019 onwards
Head of Service reports to SLT	Director of Safeguarding	Increased oversight of SLT on progresses and barriers	Took place Jan 19 to June 19
Extended Manager Meetings (EMM)	Director of Safeguarding	Increased pace of learning	Fortnightly EMM in Feb and March – currently suspended due to CV19
Revise report and data capture for supervision	Business Manager	Increased oversight and better picture of frequency and consistency of supervision	Completed

Metrics																												
Improving & Embedding																												
	November 19		December		January 20		February		March		April		May		June		July		August		September		October		November		December 20	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Number of TM mentored by Improvement Adviser		17		17		17		17																				
% of SW who have had a monthly professional supervision	95%	76%		77%		89%		82%			100%	87%	100%	91%	100%	93%	100%	93%	100%	90%	100%	94%	100%	92%	100%	93%	100%	93%
% of case supervision									38%	80%	50%	80%	67%	80%	69%	80%	54%	80%	62%	80%	77%	80%	85%	80%	88%	80%	85%	
Management oversight (QA report) – rated as a percentage of management oversight and supervision evaluated as 'Good'.		32%		24%		44%		29%		27%		N/A		N/A		28%		20%		41%		32%		46%		36%		41%

To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool: Timeliness of visits							
Rationale	The percentage of children seen in a timely way following contact needs to improve and be maintained to ensure they are safe and well and that purposeful support and intervention is undertaken to make sure their voice is heard			Actions status		Impact Status	
				■ On target	X	■ On target	X
				◆ At risk		◆ At risk	
				▲ Compromised		▲ Compromised	
Reporting period:	1 st December 2020	To	31 st December 2020	● Completed		● Completed	
Objectives	<ul style="list-style-type: none"> • Increase the timeliness of decision-making for Red RAG rated contacts • Increase the % of s17 and s47 visits within timescales following contact • Increase the % of visits to children in need of support, protection and care 			Comments about overall status	The timeliness of visits continues to remain positive overall even despite CV19 restrictions with the majority of these continuing to be face to face, with a relatively small number being completed virtually/remotely		
Progress made this period:	<ul style="list-style-type: none"> • Maintaining visiting to children in need of support, protection and care with a presumption that children and young people will be seen face to face. • Maintaining monthly performance surgeries on a virtual basis with all teams/services. • Launch of the refreshed initial visiting pack with associated direct work tools and resources. 			Actions next period:	<ul style="list-style-type: none"> • Consolidate and maintain improved overall visiting performance with continued high level of face to face visits during COVID-19 pandemic • Timely completion of the Red RAG rated MASH referrals • Refocus on initial visiting (s17 and s47) • Double check on the impact of the initial visiting pack launch with associated direct work tools and resources • the e-booklet 'How it all fits together' to demonstrate the connectivity of tools and approaches • Further scrutiny to reiterate [practice standards for keeping in touch with care experienced young people 		

Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
TM to hold Monday morning/regular planning meetings (to schedule all upcoming visits & tasks that need to be completed) and to review any overdue from previous week with reference to appropriate web reports	Team Managers	TMs and SWs are clear about visits which need to be completed	Weekly and on-going
Performance surgeries to focus on visits	Heads of Service	Reinforce messages about visits being a key priority to target any 'at risk' visits and underperformance	Monthly from February 2020 and on-going on a virtual basis currently due to CV19
Deep dive intervention in struggling teams	Improvement Advisor (SR)	Identify root causes and target improvement intervention	Team Improvement Plan reporting via the weekly Executive Improvement Group
EMM to focus on TM approach to visit and review progress made by TMs on agreed actions	Head of Service / Director of Safeguarding	TMs are held to account	Fortnightly Head of Service report to SLT (Jan 19 to June 19)
Data and report: <ul style="list-style-type: none"> - Gap in quantum terms - Forward look dynamic daily reporting - % timeliness report to HofS 	Team Managers	Increased awareness, improved understanding and action required to address gaps and achieve performance target	Daily forward-looking reporting by Team Managers on visits due. Weekly monitoring of visits completed by Head of Service.
Refresh Practice Standards for visits following referrals, care leaver visiting, private fostering etc.	RE, RT		Completed
Implement revised visiting data metrics	AD, KH		Completed

Metrics																												
Improving & Embedding																												
	November 19		December		January 20		February		March		April		May		June		July		August		September		October		November		December 20	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Percentage of children seen within timescale following contact – Sec 17	80%	75%	80%	80%	80%	89%	80%	92%	80%	90%	85%	85%	85%	93%	85%	88%	85%	84%	85%	87%	85%	87%	85%	88%	85%	84%	85%	75%
Percentage of children seen within timescale following contact – Sec 47	80%	75%	80%	66%	80%	75%	80%	76%	80%	66%	85%	72%	85%	86%	85%	76%	85%	71%	85%	87%	85%	91%	85%	79%	85%	87%	85%	73%
Percentage of children in need seen within timescale	85%	87%	85%	88%	85%	91%	85%	91%	85%	88%	90%	91%	90%	95%	90%	93%	90%	90%	90%	91%	90%	93%	90%	93%	90%	96%	90%	93%
Percentage of children on CP plans seen within timescale	90%	91%	90%	89%	90%	87%	90%	91%	90%	84%	90%	92%	90%	95%	90%	95%	90%	89%	90%	91%	90%	94%	90%	91%	90%	91%	90%	88%
Percentage of children for CIC seen within timescale	95%	96%	95%	96%	95%	96%	95%	98%	95%	95%	95%	84%	95%	89%	95%	97%	95%	92%	95%	95%	95%	96%	95%	96%	95%	96%	95%	97%
% of contact to final decision in 4 working hours for Red RAG rated contacts	90%	98%	90%	95%	90%	89%	90%	82%	90%	94%	90%	90%	90%	84%	90%	95%	90%	94%	90%	91%	90%	94%	90%	84%	90%	84%	90%	81%

To communicate with Practitioners, Managers and Leaders and engage their 'hearts and minds' to deliver practice and performance improvements							
Rationale	The Accelerated Improvement Plan (AIP) is the operational recovery mechanism which focuses improvement activity on priority practice fundamentals which need to improve rapidly. Given the need for pace and focus implicit in the AIP, there is a need for a programme of communications and improvement activity to ensure we engage the 'hearts and minds' of practitioners and managers. The AIP is subject to regular review and oversight by the Improvement Board, Corporate and Senior Leadership Teams.			Actions status		Impact status	
				■ On target	X	■ On target	
Reporting period:	1 st December 2020	To	31 st December 2020	▲ Compromised		▲ Compromised	X
				● Completed		● Completed	
Objectives	<ul style="list-style-type: none"> To ensure there is comprehensive and consistent understanding of the content and purpose of the AIP To provide regular updates on progress against AIP priorities To ensure the focus of improvement activity within the AIP is meaningful and delivers change / improvement for children and young people. 			Comments about overall status	The communications approach aims to engage Practitioners, Team Managers and Senior Leaders in improvement activity through a range of approaches which have been adapted to take account of CV-19		
Progress made this period:	<ul style="list-style-type: none"> Continued messaging via 'Families Count' and regular communications from SLT. Continue to convene two Bronze Group Meetings each week with HOS, SLT and Corporate Business Partners followed by shadow management group meetings within Localities and Service areas. Service Managers continue to join Leadership Team Meetings each month Technical briefings developed in relation to COVID-19 for staff and shared with partners Continuation of Principal Social Worker facilitated drop ins for frontline SWs/Managers and a weekly Round-Up. Implementation of the revised Strategic Performance Meeting agenda with extended membership has replaced need for the AIP monthly update meetings. These refreshed arrangements have streamlined the practice quality and performance and improvement approach and activity is even more coordinated and collaborative. Sharing effective / best practice arrangements reviewed by PSW in consultation with HOS . Progression of the SLT vision, values and behaviour work Transformation programme scoping with two DfE funded transformation subject experts Initiation of the Children's Service Transformation Programme Board including presentation of the preliminary scoping reports for children's social care re-modelling and systemic practice which were agreed in principle 			Actions next period:	<ul style="list-style-type: none"> Ofsted Focus Visit letter to be published with all staff communications from DCS Updated AIP to be distributed to staff and discussed in team/service meetings Programme of PSW Team drop-in sessions to continue throughout the month Weekly PSW Round-Up of local, regional and national publications, press releases, projects, programmes and initiatives to continue throughout the month Implementation and evaluation of the Practice Fundamentals monthly dip sampling Further SLT webinars to be delivered Continuation of COVID-19 technical briefings as required as some need to be reviewed in the light of further changes and developments SLT to use the vision, values and behaviours work to produce 'Leadership Fundamentals' Transformation Project set up meeting to be convene Completion of the SLT Leadership Pledge 		

Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
Visits to Teams by Directors	DCS and SLT	Increased visibility, staff engagement and feedback	On-going (although replaced by webinars due to COVID-19)
Heads of Service briefing	Directors	Increase ownership of key messages	completed
Team Manager briefing	Directors and Heads of Service	Increase ownership of key messages	completed
Key messages and videos on TV screens	Directors and Communication team	Update and re-enforce key messages to front line staff	Started 29 July (impacted by COVID-19)
Conversation with staff roadshow	Improvement Advisor	Prepare staff for Ofsted Inspection	October 19 onwards – completed August 2020 – completed virtually due to COVID-19

Metrics																												
Improving and Embedding																												
	November 19		December		January 20		February		March		April		May		June		July		August		September		October		November		December 20	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Number of Teams visited by Directors**		9		5		22		6		6		N/A		N/A		N/A		N/A		N/A								
Video and key messages produced. Themes "All about the Child"; "Visiting Children"; "Assessment and Plan"; "Supervision"; "SW stories" (cumulative)**																												
Number of Staff Roadshow (cumulative)		16		18																								

****NB: Activities during CV19 - developed and replaced with new and alternative arrangements using virtual and remote technology.**

To protect children through timely decisions and risk informed intervention and support that has a positive impact and improves outcomes							
Rationale	<p>Ofsted inspected Children's Services in 2017 and judged the service to be inadequate for children who need help and protection and inadequate overall. Ofsted have continued to undertake regular monitoring visits. Inspections are currently suspended due to the COVID-19 pandemic. Children's Services must improve safeguarding services at pace and deliver consistently good services to achieve positive outcomes for local children and young people.</p> <p>During the 8th monitoring visit in February 2020, Ofsted acknowledged some safeguarding improvements but identified concerns about the focus, pace and consistency of improvement, including a decline in the quality of DCYPS practice.</p> <p>The Ofsted Focus Visit took place in October 2020.</p>			Actions status		Impact status	
				■ On target	X		■ On target
			◆ At risk		◆ At risk		
Reporting period:	1 st December 2020	To	31 st December 2020		▲ Compromised	▲ Compromised	X
					● Completed	● Completed	
Objectives	<ul style="list-style-type: none"> To ensure quality of management oversight & supervision to bring critical challenge & reflection To deliver timely and purposeful visiting with children and young people To deliver timely protection for children, including timely initial CP conferences To intervene in order to address and record children's lived experiences To develop SMART plans including the use of consistent contingency planning To target DCYPS quality of practice, including staff turnover & management oversight in order to challenge planning and intervention, including late transition planning 			Comments about overall status		<ul style="list-style-type: none"> A schedule of targeted improvement activity is in place. This needs to continue to be focused, forensic and delivered at pace in order to achieve the widespread improvements that are required as quickly and as consistently as possible. 	
Progress made this period:	<ul style="list-style-type: none"> Visiting performance has been sustained on largely face to face basis during the CV19 pandemic and current lockdown. The timeliness of ICPCs improved significantly and RCPCs continue to be timely. Children's social care progressed the children of concern reporting with the GCSP and contributed to the thematic CSPR and the planning for proposed Young People's Strategy to address risk (exploitation) outside the home Joint children's social care and police planning for joint workshops was completed although the workshops have been put on hold due to the 3rd lockdown. Implementation of PLO pre-proceedings action improvement plan. Continuation of Court Recovery Plan and 8 x virtual court rooms. The line management of DCYPS moved away from the Director of Education and under the Director for Safeguarding and Care. DfE grant funding has been used to engage two transformation consultant experts to focus on children's social care re-modelling and systemic practice. Preliminary scoping reports have been presented to the first Transformation Programme Board and were agreed in principle . 			Actions next period:		<ul style="list-style-type: none"> Case supervision, professional supervision and reflective/clinical supervision must continue to be improved and stabilised When the 3rd lock down lifts the proportion of children seen on their own during visit needs to increase. The senior leadership of DCYPS will: <ul style="list-style-type: none"> ➢ Commission a service review to ensure disabled children are receiving the right service ➢ Complete the review of EHCP care assessments ➢ Move the DCYPS Family Link (short break fostering respite) Service into the Fostering Service Agree first steps to progress the new Preparing for Adulthood Policy and transition planning arrangements for identified young people Legal Planning Meetings will be chaired by relevant HOS and the interim AD and HOS will quality control LPM evidence bundles Implementation of the new court guidance issues by HHJ Wildblood to streamline and manage judicial capacity and the impact on staff Review the impact of the pre-proceedings action plan Start the systemic practice review (Claire Chamberlain) GSCE joint review of Children of Concern in the Community 	

Key Actions	Owners	Impact on Objective	Timescale
Introduce enhanced quality control of LPM document bundles by deploying seconded Ofsted HMI.	Director (Safeguarding) / HOS QA / HOS Cheltenham	LPMs can make the right decision first time because the quality of submissions is consistently good enough.	May 2020 for duration of secondment (likely to be end of August) - completed
Evaluate impact of safeguarding improvement activities (e.g. strategy meetings, s47s, ICPCs, repeat plans, neglect, pre-birth) and use learning to shape and target further improvement work.	Director (Safeguarding) / HOS QA / Improvement Advisor	Decision-making at key points of the safeguarding system are sound and based on best evidence from good quality assessments.	February 2020 with continuous improvement activity monthly thereafter
Implement improvement action plan for CP Conference Chairing Service that focuses on Essentials and Practice Fundamentals	Director (Partnerships) / HOS QA	Children and young people receive a good quality CP conference service that addresses risk, builds on strengths and delivers improved outcomes for them and their families	February 2020 and monthly updates thereafter
Implement improvement action plan for DCYPS that focuses on Essentials and Practice Fundamentals	Acting Education Director / HOS DCYPS	Children and young people with disabilities have their needs assessed and met promptly, including safeguarding needs.	June 2020 with monthly updates thereafter

Metrics																												
Improving & Embedding																												
	November		December		January 20		February		March		April		May		June		July		August 20		September		October		November		December 20	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Children subject to an Initial Child Protection Conferences held within 15 working days of the initiation of the S47 enquiry which led to the conference	80%	60%	80%	43%	80%	53%	80%	61%	80%	65%	80%	69%	80%	81%	80%	73%	80%	67%	80%	59%	80%	84%	80%	80%	80%	92%	80%	94%
Children becoming subject of a Child Protection plan for 2nd or subsequent time	25%	25%	25%	25%	25%	35%	25%	25%	25%	37%	25%	26%	25%	39%	25%	33%	25%	35%	25%	40%	25%	35%	25%	38%	25%	37%	25%	37% Dec 13%

To achieve permanence for children at the earliest appropriate opportunity							
Rationale	<p>Ofsted inspected Children's Services in 2017 and judged the service to 'Require Improvement' for children looked after and achieving permanence (with sub-judgements of 'Good' for Adoption performance and 'Requires Improvement' in respect of the experiences and progress of care leavers). Ofsted have continued to undertake regular monitoring visits.</p> <p>The 7th and penultimate monitoring visit focused on care leavers was undertaken in September 2019. Ofsted recognised that a number of the recommendations from the previous visit had been progressed however there were still some areas that needed further work to improve care leaving services.</p> <p>The Ofsted Focus Visit letter published on 20.11.2020 identified a number of priority actions relating to children in care, including:</p> <ul style="list-style-type: none"> • Pre-proceedings • Edge of Care • Placements • Personal Education Plans 			Actions status		Impact status	
				■ On target	X	■ On target	
			◆ At risk	◆ At risk	X		
Reporting period:	1 st December 2020	To	31 st December 2020	▲ Compromised		▲ Compromised	
				● Completed		● Completed	
Objectives	<ul style="list-style-type: none"> • To ensure children achieve timely legal, placement and emotional permanence • To improve the quality and effectiveness of care and pathway plans • To strengthen transition planning • To provide care leavers with important information about their health histories • To increase the number of young people in employment, education or training 			Comments about overall status	<ul style="list-style-type: none"> • The schedule of targeted improvement activities to address children in care and care leaver priorities continue to progress • Improvement activity needs to be forensic and delivered at pace in order to achieve the widespread improvements that are required for children in care and care leavers, • The impact of the CV19 pandemic on care leavers is significant 		
Progress made this period:	<ul style="list-style-type: none"> • Progressed the PLO pre-proceedings improvements, including a refresh of the tracker and a review of the Liquid Logic legal workspace • Progressed the Court Recovery Plan to increase judicial capacity with continuation of the 8 x Virtual Courts in Shire Hall and Cheltenham Locality • Completed planning for the new Admission to Care Panel • Progressed the Permanence Project and completion of phase 2 permanence review panels and summary report • Progressed the new Edge of Care Service development with a provisional scoping report due to the Transformation Programme Board due in February 2021 • Completed the next quarter Pathway Planning Review • Completed the Leaving Care Improvement Action Plan review and refresh • Reviewed and reinvigorated plans to address training and employment opportunities for Care Leavers • Progressed the independent consultant review of in-house fostering service with a review report due February 2021 • Mapped children in care and care leavers with outstanding/unmet emotional, psychological and mental health needs • Progressed the Trauma Informed Model of Care (TIMOC) training to support young people moving into Trevone House • Developed a Personal Education Plan (PEP) improvement action plan and reviewed the e-PEP 			Actions next period:	<ul style="list-style-type: none"> • To progress the development of the new Edge of Care Service development in line with the Transformation Programme Board outcome • To scope the new Leaving Care Service and present to the second Transformation Programme Board • To launch the new Admission to Care Panel • To action the Permanence Project recommendations • To conclude the independent review of the Fostering Service • To continue the TIMOC training programme • Re-double efforts to progress the Leaving Care Improvement Action Plan, particularly in respect of: <ul style="list-style-type: none"> ➢ Revisiting the number of Care Leavers who have received their health histories and report that they are satisfied with this - this continues to be outstanding ➢ Revisiting the progress and impact of the mental health pathway and provision for older children in care and care leavers aged 16 – 25 with complex needs – this continue to be outstanding ➢ Revisiting the District Council housing offer for 		

	<p>provider (ASSET), with a view to identifying a new provider, and secured training for the Virtual School and Schools regarding SMART targets</p>		<p>Care Leavers – this continues to be outstanding</p> <ul style="list-style-type: none"> ➤ To progress the training and employment plans as per the previous meeting • Obtain and review the PEP QA audit review report and ensure the findings and recommendations are being progressed
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Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
Thematic champions to be identified for care leavers	DCS and CIC Strategic Lead	Increased offer to care leavers	January 2020
Apprenticeships and work experience opportunities to be widened	Leader of the Council / Lead Member	Increased number of care leaver in employment, education or training	January 2020
16+ Panel	DCS / Integrated Commissioner	Stronger transition to adulthood	Each month
Implement new pathway planning toolkit to improve the quality and impact for Care Leavers	Director (Safeguarding / HOS Stroud & Gloucester)	Increased effectiveness of pathway planning	June 2020
Test through case sampling the impact of work to improve permanence planning starting May 2020.	Improvement Advisor / CIC Strategic Lead	We achieve permanence for children without undue delay.	September 2020
Review Health Passport	HOS Stroud & Gloucester	Every CIC/ Care Leavers has a meaningful health passport from the age of 16 years	By end of January 2020
Implement improvement plan for DCYPS that focuses on Essentials and Practice Fundamentals	Acting Education Director / HOS DCYPS	Children and young people with disabilities have their needs assessed and met promptly, including safeguarding needs.	June 2020

Metrics																												
Improving & Embedding																												
	November 19		December		January 20		February		March		April		May		June		July		August		September		October		November		December 20	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Care leavers with an up-to-date Pathway Plan	80%	82%	80%	82%	80%	86%	80%	85%	80%	85%	90%	88%	90%	91%	90%	94%	90%	91%	90%	91%	90%	90%	90%	85%	90%	84%	90%	77%
Percentage of Care Leavers in Education, Employment or Training (19-21 years)		57%		57%		55%		54%		50%	45%	47%	45%	45%	45%	43%	45%	46%	45%	47%	45%	51%	55%	52%	55%	51%	55%	52%
Care Leavers in suitable accommodation (19-21 years)		91%		93%		92%		92%		91%	95%	92%	95%	92%	95%	91%	95%	90%	95%	91%	95%	94%	95%	93%	95%	94%	95%	93%
Children in Care Accommodated under a Section 20 Agreement	28%	29.4%	28%	28.1%	28%	27.4%	28%	27.3%	28%	27.6%	25%	27.8%	25%	27.7%	25%	27.2%	25%	28%	25%	26%	25%	25%	25%	26%	25%	26%	25%	27%
Short term placement stability (added June 2020)															13%	17%	13%	18%	13%	18%	13%	17%	13%	18%	13%	18%	13%	19%
Long term placement stability (added June 2020)															65%	60%	65%	60%	65%	61%	65%	61%	65%	61%	65%	60%	65%	59%