

Children's Services Improvement Plan Monitoring Report (May - Sept 2016)

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1. Summary

During the first reporting period, Quarter 2 (May to September 2016), there was a total of 69 actions that needed to be started or completed. Overall 28 actions (47%) have been completed on time. 35 actions are being progressed (43% n=26 were due to be completed – nine are due to be completed at a later date) and six actions (10%) have not progressed, see below. All the amber and red actions will be reviewed again as part of the October monitoring report. RAG rating descriptions are attached as Appendix 1.

Priority	Status
One	4 actions – 3 (75%) complete and 1 in progress
Two	10 actions - 4 (67%) complete and 4 not due to be completed, 2 not started
Three	3 actions – 1 (33%) completed and 2 in progress*
Four	9 actions – 2 (33%) completed, 4 in progress and 3 not due to be completed
Five	11 actions - 3 (27% completed, 6 in progress and 2 have not been progressed
Six	1 action - currently in progress
Seven	1 action - not progressed
Eight	19 actions - 10 (53%) completed, 8 in progress and 1 has not been progressed
Nine	1 action – completed (100%)
Ten	10 actions - 4 (50%) completed and 4 in progress 2 not due to be completed

* 2 actions in progress are not BSCB actions

The focus for early actions has been to improve standards related to immediate safeguarding risks. This has included the recruitment of additional staff and recruiting to key positions, introduction of new tools, training and support for frontline staff. See Appendix 2 for the detailed breakdown of RAG ratings.

2. Key Achievements to September 2016

Leadership and Management

The Executive set up a member-led Improvement Board and an officer Service Improvement Team Meeting, both with independent external support, to address shortcomings identified by Ofsted. The Department for Education (DfE) appointed a Commissioner, Frankie Sulke CBE to assess Bromley's Children's Services from July to September 2016. Recommendations made in the Commissioner's report have been agreed by Ministers and are currently being put into place. Members are being supported in their role as Corporate Parent's with an updated training programme covering a range of topics including early intervention, safeguarding, effective collaboration and service improvement. Two training sessions have been held so far; 'Bromley Looked After Children & The Fostering Role' optional training for all members on 26 September 2016 and 'Early Intervention & Family Support' essential training for the Lead Member and Care Services PDS Committee Members on 13 October 2016. A comprehensive programme is being finalised and will be presented to the CSIT in November 2016.

Review of current organisational structure and recruitment to key posts

The Executive has evidenced its commitment to supporting the implementation of the improvement plan by agreeing to fund £950K extra over two phases with plans for a third stage to bring the total to £2.3 million. This funding has been used to recruit additional posts which include:

- A new Executive Director of Education and Children's Services
- An additional Head of Service to focus on Safeguarding and Care Planning

2. Key Achievements to September 2016

- Three additional Group Managers (Court Team, Connected Persons and Fostering Team)
- Fourteen social workers
- Additional independent Child Protection Chair
- Extra administration support (including social work assistants)
- An Audit and Practice Manager
- Extra Legal support.

As a result of this there has already been a reduction in average caseloads for social workers in some frontline teams such as Safeguarding and Care Planning Teams (17 cases), Referral and Assessment Service (20 cases) and Connected Person and Special Guardianship Team (17 cases). In September 2016, the service also recruited a Children's Commissioner to lead on all commissioning arrangements and has been involved with a number of initiatives linked to the improvement plan including CSE/Missing and Gangs.

Implementation of robust quality improvement framework

The service has introduced a new schedule of auditing and practice improvement activity which includes a monthly auditing programme to inform senior management about the quality of practice. Case auditing commenced in October 2016 with a cohort of 53 cases. In addition to this the Quality Improvement Team are completing quarterly 'thematic' audits. The first of these was completed in September 2016 to review Supervision standards, which highlighted that there is compliance with the departments policy regarding frequency of sessions held however the quality of supervision is variable, in terms of informing planning and case direction, reviewing work undertaken and identifying actions to be undertaken

Increased scrutiny and challenge around practice

The Assistant Director for Children's Social Care and Heads of Service have introduced a number of measures to ensure that standards of casework and decision making is being scrutinised and challenged in addition to routine line management oversight. The Early Permanency Panel, a forum for senior managers to review and monitor the quality of work and decision making being made by social workers has met 6 times since July 2016. During this period (July to October 2016) the panel has considered plans for 36 children, representing 12.5% of the Children Looked After population for that period. In one third (12) of these cases, recommended actions were completed within two weeks of the meeting. A further 41% (15) of cases completed actions within four weeks.

The CSC Escalation Policy has been reviewed and updated. Children's Social Care Senior Management Team receives regular reports on the progress of escalation activity and timeliness of resolution of highlighted issues. The latest report has highlighted that there has been an increased number of escalations between the first reporting period (April to May 2016) to the second (June to September 2016). The reason for the escalations has widened and now include a range of concerns rather than those focused on drift and delay only.

The service has introduced a weekly tracking and monitoring process for all CIN cases being stepped up or stepped down. The Head of Safeguarding and Care Planning and Group Managers meet every fortnight to review the tracking data. As a result of this thresholds are routinely being reviewed and cases are being stepped up/down or closed in more timely way. Further work is being undertaken to provide more robust data for these areas.

Partnership working

Children's Social Care has been working alongside other departments and partner agencies to progress joint initiatives and actions. This has included a joint agency working partnership, led by the Police to focus on children at risk of CSE/Missing and Gangs. The partnership which has met three times since July 2016 will co-ordinate the completion of actions outlined in the plan using a combined board work plan. The service has enlisted an administrator to facilitate the compilation of centralised intelligence and data of children at risk. The service intends to recruit a qualified

2. Key Achievements to September 2016

practitioner to work as a co-ordinator to progress this further. Intelligence is being shared between Children's Social Care and Education to ensure that children and young people at risk are flagged up.

Following the inspection the service commissioned a consultant from the DCLG to undertake a strategic needs analysis assessment of vulnerable homeless and Care Leavers to help inform LBB strategy. This has resulted in a detailed action plan which is being progressed by a cross departmental working group focusing on i) developing the accommodation pathway and commissioning strategy, ii) strengthening joint working and information sharing and iii) ensuring the correct resources are in the right place in order to strengthen intervention support and advice.

A cross departmental working group (Education, Children's Social Care, Virtual School, Leaving Care, Youth Offending, Bromley Youth Support Service and Education, Education Welfare and Business Partnership) has been established to produce an overarching young person's participation strategy and action plan which will identify support required for young people to participate in education, employment or training.

Signs of Safety training sessions have been held for some partner agencies (Education and Legal), whilst additional training will be scheduled to commence in the new year.

Support to the existing workforce

The service has introduced a range of measures to support members of staff. Regular communication in the form of email updates from the Chief Executive and Senior Management has been introduced to ensure that there is one clear message. These updates commenced following the outcome of the inspection and have been used to co-ordinate key messages such as the relaunch 'Building a Better Bromley' priorities now including a greater focus on children and young people.

Practitioners have attended mandatory training sessions covering 'Task centred supervision', 'Threshold training' and 'Core principles of good practice'. Further training sessions are being arranged for those who did not attend. The Service has introduced a Risk Assessment tool which must be completed on all open cases tool in order to help focus practitioner's identification of risk.

The Council wide IT platform transferred to a new provider in April 2016 in order to improve IT support. The next stage in this is the introduction of a new case management service for Legal Services which is due to go live in November. The Children's Social Care case management system 'Eclipse' is scheduled to go live in April 2017. In preparation for this a full time Project Manager has been recruited and a Group Manager will be starting in post from November in order to support implementation of the new system.

Peer reviews have been carried out for the Legal Services Department (August 2016) and Independent Reviewing Officers Team (November 2016) in order to receive independent challenge and scrutiny and share good practice.

Human Resources have reviewed the recruitment package offered to Social Care staff which for most departments is competitive and comparable with other Local Authorities. For areas of the service where this is not the case, a review group has been set up to look at packages available and will be making recommendation to the Director of Human Resources. Additional resources such as the Bromley Council website will be refreshed by an external organisation in order to create an online recruitment video in order to encourage people to apply for vacancies within the Council.

3. Actions that have not started within the timescale

There are 7 actions (12%) that have not been completed within timescale.

2.1.3	Include an objective in each front-line manager's and HOS's appraisal to ensure full compliance with the new audit schedule. <i>This action will be completed in December following the new DCS commencement.</i>
2.1.4	Devise a programme of multi-agency audit staff training events to share practice issues identified in both single agency and multi-agency audits. <i>This action needs to follow the implementation of the revised audit framework so will commence in November 2016.</i>
5.3.3	Quarterly report of progress against IRO improvement action plan to the Improvement Board. <i>This action needs to follow the implementation of the revised audit framework so will commence in November 2016.</i>
5.3.5	Review and revise policy and procedures for children who are returned home. <i>Links to the risk b. highlighted below.</i>
7.4.1	Develop a 'Foster to Adopt' strategy and set a target for 'Foster to Adopt and concurrent placements. <i>This action has become dependent on training that will be delivered during November 2016. The strategy is still on schedule for presentation to the Spring 2017 Permanency Conference.</i>
8.5.3	The strategic lead for children's services and team managers to continuously monitor case work (CSE/ Missing) and follow up concerns with management action. <i>Links to the risk a. highlighted below.</i>

4. Identified Risks and Issues – see Appendix 3

As part of the monitoring process the Service Improvement Team regularly report identified issues and risks on the risk register in order to highlight concerns which if unresolved will hinder the progress of actions within the plan. For the period up to October the following issues have been identified:

- a. Confusion over initial funding and lack of clarification has led to difficulties in identifying an experienced practitioner to undertake further CSE/Missing/Gangs work.
- b. Key areas of work (review and update of policies and procedures) have shown little or no progress due to being unable to recruit to a central Policy and Performance Officer post.
- c. Capacity within the Legal Team needs to be increased in order to support the service. There are currently unallocated cases because of lack of capacity. Additional funding is required in order to recruit additional lawyers.
- d. There are capacity issues within the BSCB team to complete the actions assigned. The independent Chair of BSCB has written business cases for additional staff beyond current 2 FTE to ensure appropriate audit and scrutiny, data and intelligence analysis and meaningful engagement with children and young people.
- e. Recruitment data highlights that the service employs a high percentage of locums within Referral and Assessment, Safeguarding and Care Planning and Court Teams (47%). 3 Social Worker posts are vacant in Referral and Assessment and Safeguarding and Care Planning Teams. There is a Deputy Group Manager vacancy within the Safeguarding and Care Planning Team.
- f. With such a high number of actions (26) being incomplete within the first monitoring report there is a risk that this will impact on the actions due for completion between Oct – Dec 2016. Particularly within priorities 3, 4, 5 8, and 10.

5. Conclusion

There is evidence that there has been improvement but the pace of change and the quality of action implementation is not consistent across the service. Senior Managers need to focus activity on planning and organising work to support the timescales indicated within the plan.

Appendix 1
Improvement Plan Grading Matrix.

Grading for Action Level RAG Rating
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RAG	Action
Green	Completed or will be by deadline - where reporting is early (90% complete)
Amber	Partially completed / work started but not finished (over 50% complete)within timescale
Red	Not started or under 50% completed within timescale

Appendix 2

Children's Services Improvement Action Plan (Quarter 2 Monitoring Report)						
Timescale	Plan Priority	ID	Key Action	Lead	Agency Involvement	Status (RAG)
Sep-16	1	1.1.1	Review and refine the DCS role, job description, person specification and structure in line with statutory requirements, ensuring the role carries senior authority in the Council.	CEX	N/A	Completed G
Sep-16	1	1.1.2	Undertake a rigorous recruitment process and appoint an experienced, permanent DCS.	CEX	N/A	Completed G
Sep-16	1	1.1.3	Develop an in-depth induction programme for the new DCS.	CEX	N/A	On track G
Sep-16	1	1.2.1	Undertake a review of capacity within the children's social work service with recommendations to include a) Increasing senior management capacity, b) Recruiting an additional interim Head of Service to give capacity to the Safeguarding Service, c) Recruiting interim senior manager to take on both the Quality Assurance function and Principal Social Work role; with a direct reporting line to the DCS , d) Restructuring front-line social work service, in particular front door, referral & assessment and court team , e) Increasing capacity within frontline services to reduce caseloads and f) Recruit an improvement, programmes and projects lead to work directly to the DCS	DCS	N/A	Partially completed (a - e done) 83% A
Sep-16	2	2.1.2	Review the current Bromley audit tool and implement a more outcome focussed tool	HOS QI	BSCB Chair and Members	Completed G
Sep-16	2	2.1.3	Include an objective in each front-line team manager's and HOS's appraisal to ensure full compliance with the new audit schedule.	HOS QI	BSCB Chair and Members	Not started R

Timescale	Plan Priority	ID	Key Action	Lead	Agency Involvement	Status (RAG)
Sep-16	2	2.1.4	Devise a programme of multi-agency audit staff training events to share practice issues identified in both single agency and multi-agency audits.	HOS QI	BSCB Chair and Members	Not started R
Sep - Dec 16	2	2.2.1	Scope a specification for externally commissioned quality assurance audits including objectives, role and responsibilities, work plan and cost, and obtain funding approval.	DCS	N/A	A
Sep - Dec 16	2	2.2.2	Undertake the procurement process and have a quality assurance service in place (see 2.2.1)	DCS	N/A	A
Sep - Mar 17	2	2.3.5	Continue to implement the Eclipse platform upgrade (full project documentation available) a) Eclipse forms developed making recording of actions which need follow-up and tracking clearer and b) Recruit a GM in CSC to lead the implementation phase of the Eclipse upgrade.	DCS	LBB (All HOS P&I Officer Eclipse PM)	A
Jun-16	2	2.4.1	Undertake a review of all cases under PLO and care proceedings to check robust SMART plans are in place and that they are progressing/no drift and put together action plan for any action needed.	HOS S&CP	HOS EI&FS	Completed G
Sep-16	2	2.4.6	Set up weekly case tracking meetings to be chaired by the Head of Service (HOS) Safeguarding, to be attended by all team managers of Early Intervention, Referral and Assessment, Safeguarding & Care Planning and Court teams.	HOS S &CP	LBB (HOS EI&FS)	Completed G

Timescale	Plan Priority	ID	Key Action	Lead	Agency Involvement	Status (RAG)
Sep-16	2	2.5.1	Review the CSC escalation policy for IROs and CP Chairs that sets out all of the following a) Threshold for escalation, b) Process for escalation and how this will be manage, c) Reporting & follow-up processes / requirements for individual cases, d) Monthly SMT escalation summary/ analysis report by GM IRO/CP Chairs e)Monthly BSCB escalation summary/ analysis report by GM IRO/CP Chairs f) Collated themes of escalation to be included in key annual reports, line of sight reports and annual service improvement plans, g) Escalation summary report to the Corporate Parenting Board bi-annually starting Dec 16 h) Themes fed back to staff through SMT/HOS quarterly from Oct 16.	ADCSC	LBB (GM IRO GM CP Chairs)	Partially completed (a, b, c, d done) 57% (e - h outstanding) A
Sep - Nov 16	2	2.6.6	Procure a programme of mandatory training for all managers and supervisors on reflective task-centred supervision and management oversight. The training is to include an overview of the revised supervision policy, performance management framework, quality assurance policy and management oversight expectations to ensure managers know what is expected of them.	HOS QI	N/A	Completed G
Sep-16	3	3.5.2	BSCB to work with CSC to promote Private Fostering Awareness campaign.	Business Manager	CSC and Health Agencies	G
Sep-16	3	3.6.1	Research appropriate neglect tools available to the service including the NSPCC Graded Care Profile. Other options to be considered by Learning and Development with a paper to be presented at SMT.	BSCB Business Manager	BSCB Partners/ LBB Workforce Development/ Health Agencies	A
Sep-16	3	3.6.3	All parents of children on a plan where neglect is a feature are to be referred onto Caring for your Child programme. Uptake to be monitored and reported to SMT.	BSCB Business Manager	BSCB Partners/ LBB Workforce Development/ Health Agencies	A
Aug - Feb 17	4	4.2.1	Ensure that all front line staff and managers have undertaken refresher child protection training and can evidence the impact of learning within performance appraisals.	HOS S&CP	N/A	A

Timescale	Plan Priority	ID	Key Action	Lead	Agency Involvement	Status (RAG)
Aug - Feb 17	4	4.2.2	Review and launch procedures on how strategy discussions will be handled, to include: a) RAS to clearly identify cases requiring strategy discussions at the point of transfer and to undertake daily monitoring to be maintained by the HOS safeguarding and b) Head of Service weekly meeting with Group Manager to review all strategy discussions and outcomes in Referral and Assessment to monitor the timeliness of strategy discussions, quality of decisions and to review partner attendance.	HOS S&CP	N/A	A
Aug - Feb 17	4	4.2.3	Operational issues relating to strategy discussions and meetings (partner involvement) will be escalated through management reporting lines initially (as appropriate), through the MASH steering group and themes to the BSCB.	HOS S&CP	N/A	A
Sep-16	4	4.3.1	Mandatory training to be delivered to all front line staff and managers in on assessment, research in practice, risk analysis and use of assessment tools in practice.	DCS and Chair of BCSB	Health, Police, YOS	A
Sep-16	4	4.3.2	Devise an implementation plan for the roll out of Signs of Safety to key partner agencies including health colleagues, schools, police and the youth offending service, to embed this into multi-agency practice.	ADCSC and Chair of BCSB	Health, Police, YOS	A
Aug-16	4	4.3.5	All case files chronologies to be reviewed by line managers and discussed with social workers within supervision over the next 3 months.	ADCSC and Chair BCSB	Health, Police, YOS	A
Sep-16	4	4.4.2	Line Managers to review all open CIN and CP cases and ensure the plans are SMART and of good quality, and work with social workers to improve these (e.g. take off old actions that have been completed, make sure the actions are specific and address the risks, and make sure there are clear timescales for existing actions). The review to also include identifying the contingency plan for each case and clearly recording this.	HOS QI	N/A	A
Sep-16	4	4.4.4	Develop a user-friendly risk analysis template for front-line staff.	HOS QI	N/A	Completed G

Timescale	Plan Priority	ID	Key Action	Lead	Agency Involvement	Status (RAG)
Jun-16	4	4.5.1	A full audit of all Child in Need cases to be undertaken by deputy managers and GMs to re-evaluate the risks and urgently escalate any cases that meet the threshold to child protection.	HOS S&CP	N/A	Completed G
Aug-16	5	5.2.2	Set up a new Early Permanency Panel (EPP) to help implement the permanency protocol by reviewing and tracking all permanency decisions.	ADCSC / HOS QI	N/A	Completed G
Aug-16	5	5.2.3	Draft terms of reference for the Early Permanency Panel to include frequency, objectives, membership and outcomes. The permanency policy and terms of reference to include: a) all CLA cases will be considered by the Early Permanency Panel after 6 weeks in the service and will have a permanency plan on file, with actions tracked, b) ensure adoption is fully considered as a parallel plan or main plan for children where appropriate, at the earliest time possible, c) All children to have individual permanency planning meetings by the second LAC Review, d) All Children who are made subject to S.20 and where they are not rehabilitated safely home within six weeks will be presented to the early permanence panel for scrutiny. Where appropriate cases will be referred for legal planning meeting to establish whether the threshold for care proceedings are met, e) When the early permanence panel has identified further work could be undertaken to return the child home monitored by the panel bi-monthly, f) For all cases whereby a child or young person has been looked after for a period of 3months unnder a Section 20 arrangement the IRO will be required to formally review the Care Plan to prevent drift and g) The fostering and adoption panels to quality assure permanency reports & provide feedback to front-line staff via panel advisors.	ADCSC / HOS QI	N/A	TOR completed but under review for 6 months A
Aug-16	5	5.2.4	The HoS C&R to 'dip sample' 1 report from each Early Permanency Panel for compliance, quality and timeliness with the policy.	ADCSC / HOS QI	N/A	A
Sep-16	5	5.3.1	Mandatory training session for all IROs and GM QI on practice standards and requirements of their role.	HOS QI	N/A	Partially complete A

Timescale	Plan Priority	ID	Key Action	Lead	Agency Involvement	Status (RAG)
Sep-16	5	5.3.2	An independent quality assurance review and audit of CLA Reviews, to scrutinise and challenge IRO practice and ensure CLA reviews meet statutory requirements. Review to include consideration of IRO caseloads and administrative systems, quality of minutes and children's consultation and mid-way monitoring. Report to identify key areas for improvement and a SMART IRO improvement action plan to be monitored by the GM QI.	HOS QI	N/A	Partially complete A
Sep-16	5	5.3.3	Quarterly report of progress against IRO improvement action plan to the Improvement Board.	HOS QI	N/A	R
Sep-16	5	5.3.4	DMT and the Improvement Board to monitor the number of escalations and the timeliness of their resolution.	HOS QI	N/A	Completed G
Sep-16	5	5.3.5	Review and revise policy and procedures for staff based on Working Together 2015 and the Care Planning Regulations 2010 for children who are returned home to include: a) Managers do NOT authorise assessments for children to return home unless there has been a thorough assessment of the risk and the IRO has scrutinised safety of plans to return children home and risks are identified when children leave care and an appropriate safety plan is in place, b) Head of Service to sign off all return home plans, c) All assessments and safety plans cases of children returning home are to be audited separately by QA prior to returning home and feedback used to inform learning in the teams and in management, d) Risk assessments are completed on all children returning home, before they return home and e) IROs will scrutinise 100% of plans for children returning home to ensure risks are identified and managed.	HOS QI	N/A	R
Sep-16	5	5.3.6	GM QI follows up through oversight of IRO team. Monitors minutes and for quality and challenge.	HOS QI	N/A	A
Sep-16	5	5.5.1	Establish a connected person assessment and support team to drive improved practice.	HOS C&R	N/A	Completed G

Timescale	Plan Priority	ID	Key Action	Lead	Agency Involvement	Status (RAG)
Sep-16	5	5.8.4	Through supervision and case audit ensure social workers record direct work with children and work evidences the voice of the child	HOS C&R	LBB L&D	A
Sep-16	6	6.2.1	Review the housing pathway for care leavers The BIS team to work closely with colleagues in the Housing Teams (S&R and Allocations) to review the housing pathway for care leavers and to identify suitable accommodation options for care leavers.	DCS AD Housing HOS C&R	LBB (Housing)	A
Sep-16	7	7.4.1	Develop a 'foster to adopt' strategy and set a target for 'foster to adopt' and concurrent placements.	HOS C&R	N/A	R
Sep-16	8	8.1.1	Appoint a key strategic lead for CSE, Trafficking, Missing and Gangs in Children Social Care, and in each partner agency.	DCS	Task & Finish Group (CSC, Education, Housing), Health, Police, Probation, Schools	Completed G
Sep-16	8	8.1.2	Develop a role outline for agency lead on CSE, trafficking, missing and gangs.	ADCSC	Task & Finish Group (CSC, Education, Housing), Health, Police, Probation, Schools	Completed G
Sep-16	8	8.1.3	The Director to write to each lead agency to request they appoint a strategic lead for CSE, trafficking, missing and gangs in children's social care, and include clear role and responsibilities	ADCSC	Task & Finish Group (CSC, Education, Housing), Health, Police, Probation, Schools	Completed G
Sep-16	8	8.5.1	The local authority to ensure that all returning CLA and children missing from home are referred to commissioned service for an independent return home interview, and that they hold a strategy meeting and have appropriate risk management plans on file.	ADCSC	N/A	Process has been clarified - needs further work A

Timescale	Plan Priority	ID	Key Action	Lead	Agency Involvement	Status (RAG)
Sep-16	8	8.5.2	Develop return home interview protocol (part of revised missing procedures as per 8.4). Protocol to include - the CSC strategic lead will: a) meet the superintendent of Public Protection Desk to understand why police notifications are not being made in a timely way and problem solve, including setting up a system to monitor this going forward, b) reissue clear guidance to all staff on missing procedures, the statutory timescale, the criteria for a strategy meeting, and the purpose of arranging a return home interview, c) monitor poor performance and performance manage those social workers who do not comply, d) arrange reflective workshops/ team meetings to explore how social workers can use the RHI interviews more effectively, and strategy and MAP meetings for children missing/at risk of CSE to inform better care planning e) Team Managers follow up practice improvements in supervision, & minute discussions providing clear actions for staff who have not complied or who have not addressed risks well in their plans.	ADCSC	N/A	Checking a & b complete A
Sep-16	8	8.5.3	Strategic lead for children's services and team managers to continuously monitor case work and follow up concerns with management action.	ADCSC	N/A	Not started R
Jul-16	8	8.6.1	Develop a missing from education working protocol (to be included in the missing from home, care and education policy as per 8.3 of this plan.	ADCSC	N/A	Completed G
Jul-16	8	8.6.2	Set up a 'missing from education' database, tracking sheet and action plan, to track children and ensure robust action is in place to ensure that they are returned to education with the minimum of delay.	ADCSC	N/A	Completed G
Jul-16	8	8.6.3	Designate a lead on 'missing from education'	ADCSC	N/A	Completed G
Jul-16	8	8.6.4	Set up regular 'missing from education' meetings to go through the tracking sheet and agree actions.	ADCSC	N/A	Completed G

Timescale	Plan Priority	ID	Key Action	Lead	Agency Involvement	Status (RAG)
Jul-16	8	8.6.5	Contact all schools attended by Bromley children to request information on any children who regularly miss part of the school day, or are missing education.	ADCSC	N/A	Reminder being sent A
Jul-16	8	8.6.6	Set up a protocol to screen and follow up on these children to reduce incidents	ADCSC	N/A	G
Jul-16	8	8.6.7	Set up a requirement for all children who are educated at home to be visited twice a year to check on their welfare and educational progress. Any safeguarding concerns must be reported to children's social care.	ADCSC	N/A	G
Jul-16	8	8.6.8	Set up reporting mechanisms for all children who are missing education or electively home educated, and these arrangements are to be reported to the BSCB for oversight and scrutiny.	ADCSC	N/A	Completed G
Aug-16	8	8.7.1	Update the IT recording system for authorising out of borough placements, to require verification that checks been made with the area around educational and health provision and/or risks around sexual exploitation have been checked first.	HOS C&R	Police LBB (Education) Schools, Health, BSCB Partners	A
Aug-16	8	8.7.2	Implement requirement that Head of Service for CLA checks that risks around sexual exploitation have been considered before agreeing to out of borough placements.	HOS C&R	Police LBB (Education) Schools, Health, BSCB Partners	A
Aug-16	8	8.7.3	Review all out of borough placements and check for any risks (intelligence re: CSE)	HOS C&R	Police LBB (Education) Schools, Health, BSCB Partners	R
Aug-16	8	8.7.4	Set up requirement that multi-agency strategy meetings are to be held and safety plans to be put in place in any CLA cases where there are concerns about risk. To be included in revised multi-agency policies and protocols as per 8.3 of this plan.	HOS C&R	Police LBB (Education) Schools, Health, BSCB Partners	A

Timescale	Plan Priority	ID	Key Action	Lead	Agency Involvement	Status (RAG)
Aug-16	8	8.7.5	Head of Service Care and Resources to provide regular reassurance reports to the Improvement Board, Corporate Parenting Board and BSCB. This to be reported as a standing item as part of all future annual Corporate Parenting Board Reports.	HOS C&R	Police LBB (Education) Schools, Health, BSCB Partners	A
Sep-16	9	9.1.1	Appoint Children's Commissioner to lead of all commissioning arrangements.	ADCSC	Health	Completed G
Aug-16	10	10.1.1	Review and update the PLO policy and process to include, a) all legal planning meetings and public law outline meetings are tracked by the court manager and head of service, b) Legal manager and head of service to agree any cases stepping down from PLO, c) Monthly meetings to monitor progress, chaired by the Interim Director CSC, and for any escalations not resolved at a lower level to be discussed at this meeting, d) Where the decision is made that threshold is met at a legal planning meeting, the PLO to be written by legal and sent to the parents and the PLO meeting to be held within 10 days and e) PLO to be reviewed within 6 weeks to ensure progress is being made.	HOS S&CP	LBB (Court Manager, HOS LS)	Completed G
May-16	10	10.1.2	PLO data to be reported in the performance digest.	ADCSC	N/A	Completed G
May-16	10	10.1.3	Monthly meetings have been agreed to monitor progress chaired by the Interim Director CSC and for any escalations not resolved at a lower level to be discussed at this meeting. To improve communication and resolution of any systemic problems between CSC and Legal Services.	DCS	N/A	Completed G
Sep-16	10	10.2.1	Review current capacity in the legal team and outline plan to increase capacity to address the shortfalls in practice	HOS LS, HOS S&CP, Court Manager	N/A	In progress A
Aug-16	10	10.2.2	Explore viability of offering a secondment to the Head of Legal Team to Court Team on temporary basis.	HOS LS, HOS S&CP, Court Manager	N/A	In progress A

Timescale	Plan Priority	ID	Key Action	Lead	Agency Involvement	Status (RAG)
Jun-16	10	10.3.1	Barristers to be used in future care proceedings where appropriate to ensure that robust legal representation is provided	HOS LS	N/A	In progress A
Jul-16	10	10.5.1	Undertake a legal audit of cases to identify those that have experienced drift or delay in proceeding to court.	DCOs, HO LS	N/A	Completed G
Jul - Sep 16	10	10.5.2	Undertake peer review to audit the sample of cases inspected by Ofsted and a final report to provide recommendations. Case audit to be completed by Camden	DCOs, HO LS	N/A	In progress A
Jul - Dec 16	10	10.5.3	Review and update the case management system used by Legal Department to ensure it is fit for purpose	DCOs, HO LS	N/A	In progress A
Aug-16	10	10.5.4	Provide quality assurance activity on court evidence and offer guidance and advice to social work teams on quality of work from within the legal.	DCOs, HO LS	N/A	Ongoing A

Appendix 3

Children's Services Improvement Plan - Risk Log Quarter 2 (May - September 2016)

No	Date Raised	Plan Priority ID	Risk Description	Likelihood/Impact	Priority	Risk Owner
1	21/10/16	8.5.3	Confusion over initial funding request (and subsequent lack of clarification) and the difficulties with identifying an experienced social worker/ manager with capacity from within the service to drive and oversee this work has been an issue. Fragmentation and lack of co-ordination and single line of sight could lead to children and young people being at risk.	If not resolved speedily this will impact on all future actions within this priority. Establishing clear processes, guidance and policies is key to moving forward with this area.	High	AD CSC
2	21/10/16	4.3.5 10.1.1	The service has been unable to identify a resource to review and update the centralised Procedure Manual. Therefore the service does not any resources updating policy and procedures.	This will impact on a range of actions within the plan.	High	AD CSC
3	21/10/16	10.1.2	The service does not have complete PLO reporting data.	HoS SGCP is aware of the gaps in performance data and working with Strategic and Business Support services to resolve.	Medium	HoS SCP
4	21/10/16	10.2.1	Capacity within the Legal Team needs to be increased in order to support the service. There are currently 12 cases that are unallocated because of lack of capacity. Additional funding is required in order to recruit additional lawyers.	Failure to allocate cases is a real safeguarding concern.	High	Dir Corporate Services
5	31/10/16	3	There are capacity issues within the BSCB team to complete the actions assigned. The independent Chair of BSCB has written business cases for additional staff beyond current 2 FTE to ensure appropriate audit and scrutiny, data and intelligence analysis and meaningful engagement with children and young people.	Failure to resolve will hinder progress on actions.	High	AD CSC
6	31/10/16	1.2.1	The service employs a high percentage of locums in Referral and Assessment, Safeguarding and Care Planning and the Court Team. There are some management vacancies including :- 3 Social Worker posts within Safeguarding and Care Planning and Referral and Assessment Teams and 1 Deputy Group Manager post within Safeguarding and Care Planning.	Failure to resolve will hinder progress on actions.	High	AD CSC
7	31/10/16	Q2 Mon	24 actions incomplete within the first monitoring report - risk that this will impact on the actions due for completion between Oct – Dec 2016. Particularly within priorities 3, 4, 5 8, and 10.	Failure to resolve will hinder progress on actions.	Medium	DCS