

## Devon Improvement Plan - Highlight Report for Improvement Partnership 20 August 2020

Progress on the eight Ofsted priorities are highlighted in bold.

Reporting period; July 2020				
1. Care Leavers	<p><b>General comments:</b></p> <p><b>Accommodation, support and risk management;</b> We continue to keep in touch with a high number of our young people (97%), in line with the risk assessment developed for CV-19, and those who are identified as most at risk as a result of their current circumstances continue to be visited at least weekly and tracked weekly by managers, including senior managers and members. In this way we have a close oversight of young people's plans and managers take action to progress more suitable accommodation arrangements and support when needed.</p> <p>At the end of July there are 7 young people living in unsuitable accommodation. Managers and PAs have good plans in place for all of these young people and there is evidence of interventions with a multi-agency review being undertaken in all cases, including the newly appointed Homeless Prevention Worker. There are currently no young people living in semi-independent (unregulated) accommodation where this is assessed as inappropriate to their needs. Agreement has been reached with health colleagues to review the specification for the CAMHS Children in Care Pathway (0-25) to ensure a more trauma-focused response. Revised joint care leaver protocol is out for consultation with all district councils.</p> <p><b>Health passports;</b> the Lead Children in Care Nurse is working well with the service to further improve how young people's health needs are met. New materials have been developed to promote health passports to young people and improved arrangements are being put in place this month to ensure take up is recorded.</p> <p><b>Care leavers employment and training is identified as a priority in the DCFP reset work.</b></p> <p><b>Oversight by senior leaders;</b> Weekly tracking of young people in unacceptable arrangements continues leading to action to ensure plans progress where needed.</p>		Overall status	Direction of Travel
	<p><b>Progress made this period:</b></p> <ul style="list-style-type: none"> <li>There has been a focus in the service on strengthening the identity and expectations of corporate parenting, including an induction programme for PAs to ensure they are clear about their role. Personal development plans are being finalised for all staff in August and a fuller workforce</li> </ul>			

		<p>development plan established from this.</p> <ul style="list-style-type: none"> <li>• Work has started with Team Managers to develop their skills relating to risk and oversight of young people in challenging circumstances.</li> <li>• A revised Pathway plan format has been finalised, including consultation with young people, and is being set up in Eclipse to be ready for implementation from September alongside a new risk tool and training is planned. Alongside this, planning has started with partners in relation to the introduction of a Risk Management Forum from September to maintain oversight of the most at risk young people.</li> <li>• The appointment of additional PAs has created the opportunity to review caseloads and PA allocation to young people from 17.</li> <li>• Existing information about Health Passports has been revamped jointly with the CiC Nurse and new materials have been reviewed with young people to ensure it is accessible, engaging and makes sense. this has been put on the SUSU website: <a href="https://www.standupspeakup.org.uk/localoffer/info-for-care-leavers/health-passports/">https://www.standupspeakup.org.uk/localoffer/info-for-care-leavers/health-passports/</a></li> <li>• We have worked with care experienced young people to produce a 2 minute video for social media to further promote the health passport through our Instagram and Twitter accounts and with partners and providers.</li> <li>• Planning has started for a Takeover event with care leavers has begun using the question of "What does a Devon that "builds back better" need to do for Care Leavers?" as theme.</li> <li>• Engagement with District Councils on housing has been strengthened and progress on revising the homelessness strategy will be reported to corporate parenting housing champion.</li> <li>• Support with improvement is in place through contact with the National Adviser and the Service Lead in Cornwall.</li> </ul>	
	<b>What hindered?</b>		
	<b>What helped?</b>	Partners recognise care leavers as a shared priority.	
	<b>Ideas to do better:</b>		
	<b>Impact:</b>	Examples are being identified of young people who have been supported into more suitable arrangements.	
<b>2. Children in Care</b>	<p><b>General comments:</b></p> <p><b>Permanence planning;</b> Improved work at the pre-proceedings stage is leading to earlier and better permanence planning for children when they first come into care. A new framework for permanence, starting from early in a child’s care experience, is being finalised with ‘two-minute guides’ on key practice areas and flow charts to support practitioners. Exceptions</p>	<p><b>Overall status</b></p> <p></p>	<p><b>Direction of Travel</b></p> <p></p>

	Panels are being held through August to confirm all children’s permanence plans, ensure they are recorded on Eclipse and to ensure associated work is in place such as matching with long term carers and <b>life story work</b> .			
	<b>Progress made this period:</b>	<ul style="list-style-type: none"> <li>• Finalised revised permanence policy and two-minute guides.</li> <li>• Clear process agreed for permanence planning from pre-proceedings.</li> <li>• Improved tracking of permanence planning from second review by IROs.</li> <li>• Exceptions Panels process agreed during August to ensure permanence plans are in place for all children and young people.</li> <li>• Good practice toolkits available on Life Story Work.</li> <li>• Continue to see a good use of escalation by Independent Reviewing Officers to support improved focus on and recording of permanence planning.</li> </ul>		
	<b>What hindered?</b>			
	<b>What helped?</b>	Case Progression Managers focus at pre-proceedings stage. Two-minute guides and flowcharts to clarify expected practice.		
	<b>Ideas to do better:</b>			
	<b>Impact:</b>	Continue to have no children placed inappropriately in unregulated settings		
<b>3. Children at risk of chronic neglect</b>	<p><b>General comments:</b> ‘Hidden Harm’ is included as a priority by the DCFP following the covid-19 reset work.</p> <p><b>The quality of social work practice, to assess, support and protect children who experience neglect;</b> The Principal Social Worker and Improvement Lead are attending all team meetings to discuss best practice including professional challenge and ‘disguised compliance’. Development work has started with Team Managers to improve the quality of the supervision they give through the restorative practice work. Progress is being evaluated through the new Locality/Service Performance Clinics.</p> <p><b>The effective use of pre-proceedings:</b> we are confident that all pre-proceedings work is now timely. Improved data has enabled Area Managers to better track cases and Case Progression Managers are having a really positive impact on supporting social workers and Team Managers with the quality of their evidence and decision making about issuing proceedings. This has led to a number of more timely applications resulting in separation and improved early permanence planning. We are now also focusing on care proceedings over 26 to better understand address issues causing delay in securing permanence.</p>		<b>Overall status</b>	<b>Direction of Travel</b>
				

	<p><b>The effectiveness of child protection conference chairs:</b> A development programme has continued for CP Chairs this month including workshop on expectations relating to complex neglect, SMART planning, permanence planning and pre-proceedings practice. CP Chairs have focused on repeat plans, child protection plans in place more than 9 months and ensuring chronologies are complete. A stronger focus is being given to the mid-point check after the second review to ensure there is no drift.</p> <p><b>CP Medicals;</b> Locality workshops lead by the Designated Dr and head of Service started this month to ensure all staff are clear about the criteria for undertaking CP medicals. This is also subject to scrutiny within localities as part of Performance Surgeries.</p> <p><b>Oversight by leaders:</b> The Chief Officer continues to review weekly updates on all pre-proceeding's cases over 12 weeks. The Chief Officer is leading focused work to identify the issues causing delay in care proceedings.</p>			
	<p><b>Progress made this period:</b></p>	<ul style="list-style-type: none"> <li>• There has been a really good take up by social workers of the 'graded care profile' training offer and support to embed learning will be undertaken through an action learning set by the PSW.</li> <li>• Learning these from reviews of pre-proceedings cases were identified by CPMs and shared with all managers at the Service Development Meeting in July.</li> <li>• A follow up audit is planned on children subject to a CP Plan for the second time and a process is in pace to ensure Area Managers review children where a second CP Plan is being considered to ensure history is fully considered.</li> </ul>		
	<p><b>What hindered?</b></p>	<p>The Senior IRO and Senior CP Chair are both leaving Devon which creates a risk to the development work being undertaken to improve the impact of this group on outcomes.</p>		
	<p><b>What helped?</b></p>	<p>The focused support of the Improvement Lead and the Case Progression Managers is identified as</p>		
	<p><b>Ideas to do better:</b></p>			
	<p><b>Impact:</b></p>	<p>Case Progression Managers are identifying children where there are now improved outcomes as a result of their oversight and challenge at the pre-proceedings stage. IROs are identifying the impact on children of escalations, e.g. impact from permanence planning and care planning.</p>		
<p><b>4. Leadership and management</b></p>	<p><b>General comments;</b> The DCFP reset work has identified covid-19 recovery priorities which includes areas of priority improvement, e.g. care leavers and 'hidden harm'.</p> <p>Senior leaders have continued to have weekly oversight of priority groups of young people,</p>		<p><b>Overall status</b></p> <p></p>	<p><b>Direction of Travel</b></p> <p></p>

	<p>there are 7 young people in unacceptable accommodation at the end July, and none inappropriately placed in unregulated arrangement at the end of this period.</p> <p>The monthly practice evaluation cycle restarted in July; 45 cases were audited of which 33% were identified as 'good, 70% required improvement and 7% were inadequate. Initial learning was shared with managers at the Service Development Meeting this month.</p> <p>All Localities/Service Areas have now developed a service plan linked to the Improvement Plan and held a first Performance Surgery to focus on performance in their area with their Team Managers and Area Managers. The first CSC Improvement Challenge Board was held to provide support and challenge to planned improvements across all service areas.</p> <p>To inform the development of stronger Corporate Parenting arrangements the Lead Member has made contact with the Lead Member in Cornwall and a review has been completed of young people's engagement. Proposals for further development will be considered in September in light of this.</p>			
	<b>Progress made this period:</b>	<ul style="list-style-type: none"> <li>Restart of the monthly audit cycle and immediate sharing of learning.</li> <li>Service Plans, Performance Clinics and Improvement Challenge Board in place to provide focus to performance management across the service linked to the Improvement Plan.</li> <li>Senior Manager identified to lead on workforce development, including recruitment and retention, to provide the capacity needed to revise the focused work needed in this area.</li> </ul>		
	<b>What hindered?</b>			
	<b>What helped?</b>			
	<b>Ideas to do better:</b>			
	<b>Impact:</b>	No children are now placed inappropriately in unregulated settings. In the last period one 16-year-old boy moved back into a regulated setting following extensive searching for an appropriate placement and a planned and well supported move. He is making good progress.		

Key	
	On target
	At risk
	Compromised



	Completed
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