

Improvement in the time of Covid

UPDATE FOR Children's Scrutiny June 2020

Presented to DCFP Exec on 21/05/2020

“She had never imagined that curiosity was one of the many faces of love”

A plan to apply the lessons learned from ILACS 2020 to the social work response to CV19

National government has set clear priorities for local government, that are shared across Children's Services;

- **Maintain the care system**
- **Protect the most vulnerable**
- **Support the community.**

By doing these three things, we play our part to **protect the NHS and save lives.**

We have the additional challenge in Devon of achieving rapid improvement in some key areas of service, following our 2020 ILACS (Inspection of Local Authority Children's Services) inspection. The Department for Education (DfE) temporarily suspended its usual conventions in response to an inadequate judgement and has instead agreed three things with Devon County Council (DCC);

- DCC will publish an improvement plan that shows how, in its response to CV19, DCC will address the most immediate risks to children and young people identified in ILACS 2020.
- The Devon Children and Families Partnership Executive will act as a temporary Improvement Board, overseeing the partnership response to CV19 and providing check and challenge of the Improvement Plan.
- DCC will secure an independent expert, approved by DfE, to provide consultancy to the DCC Chief Officer.

Four Questions;

What support is needed to get through the crisis?

Who is best placed to provide that help?

Who am I most worried about and why?

Do I need to do something different today, tomorrow, next week?

Highlights this reporting period;

Progress;

- Continued high rate of completion of risk assessments; 93.3% on open social work cases following initial contact with family.
- There has been an increase in the proportion of vulnerable children attending school to 36% of CPP, 21% CLA, 22% CIN allocated to SW.
- A high level of dip sampling of risk assessments by managers was sustained leading to moderation with managers and Independent Reviewing Officers. Themes this period included children where DV and AMH was an issue and CIN cases ragged 'green'.
- Agreed plans for all cases in the Public Law Outline are being closely tracked and monitored and any extensions to the 12 week timescale in individual cases are increasingly purposeful and appropriate. Delays in filing are being investigated.
- Improvements to the tracking and monitoring of data relating to PLO and care proceedings are progressing, including data sharing with CAFCASS. Joint workforce development approaches are being planned.
- Following Locality Directors tracking of the completion of Permanence Plans, Permanence Planning Meetings will be completed in all relevant cases by the end of the month.
- A further two additional fostering households have been approved through the fast track approval process for carers already at stage 2.
- Residential children's homes continue to report good resilience and capacity.
- The QADG has commenced an approach to partnership quality assurance of practice for the current context.
- Incident Management Teams have been reviewed to ensure readiness for the next phase of response, including preparations for the reintegration of children into services.
- Business continuity arrangements remain robust with continued delivery of core statutory services.
- Recruitment is progressing well to agreed additional capacity.

Risks;

- Key management information reporting, including on the reviews of risk assessments, remains in development.

Priorities for the next period;

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Complete RAG rating on all children and young people and record using the 'vulnerability tracking tool' (VTT).	SW/PA/ FPs/ TMs			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	93.3% recorded using VTT	Complete - A high level of completion continues to be achieved on open SW held cases.
Complete updated safety plans for all children and young people in line with risk assessment/RAG rating	SWs/PA TMs			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	Dip sampling includes a review of the safety plan is appropriate	The completion of the risk assessment includes a consideration of the current safety plan, including a review of visiting frequency
1.2 Effective oversight and review of plans for all children including specific arrangements for priority groups																					
Issue practice guidance on reviewing risk assessments and updating VTT	DF	C	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█		Complete - Issued 09/04/20
Review risk assessments and RAG ratings at required frequency and in line with changing information about the child and family and changing																					

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workforce capacity over time;																					
1. SW/PA/FP ensures that the risk assessment/RAG rating for each child is reviewed in light of any new information emerging about a child and their family and information regarding school attendance; <ul style="list-style-type: none"> • RED – daily • AMBER – at least weekly • GREEN – at least monthly 	SWs/PA /FW																			% reviews reported as completed on time	Reviews of risk assessments have started. Practice expectations have been confirmed to and dip sampling is confirming that reviews are taking place. A new VTT has been implemented to record and monitor reviews of risk assessments. Management reporting is in final stages of development.
2. If there is a change to the risk assessment/RAG rating SW /PA/FW updates the RA and VTT and updates the safety plan.	SW/PA/ FW																			% VTTs updated each week	
3. At least each weekly TM checks that all children with a RED risk	TMs																			% reviews reported as	

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<p>rating have been reviewed in line with any changing information about child and family and information regarding school attendance, and that the risk assessment/VTT and safety plan are updated where risk levels have changed</p>																				<p>completed on time</p>	
<p>4. At least every two weeks TM checks that all children with an AMBER risk rating have been reviewed in line with any changing information about child and family and information regarding school attendance, and that the risk assessment/VTT and safety plan are updated where risk levels have changed</p>	<p>TMs</p>																				

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<p>5. At least monthly TM checks that all children with a GREEN risk rating have been reviewed in line with any changing information about child and family and information regarding school attendance and that the risk assessment/VTT and safety plan updated where risk levels have changed.</p>	<p>TMs</p>																										
<p>6. Each week the AM confirms that risk assessments have been reviewed in light of changing information about a child and family and information regarding school attendance at least at agreed intervals and that the VTT is updated and safety plans</p>	<p>AMs</p>																					<p>% AMs confirming reviews all complete as expected</p>					<p>Managers confirm that reviews are being undertaken in accordance with expectations. Management reporting is in development which will replace this expectation.</p>

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are updated accordingly.																			
7. Each week – SMT reviews the management information report (VTT)																			
Management reporting on completion of risk assessments is in place and reviewed by SMT twice weekly. Management reporting on reviews of risk assessments is in development. Management dip sampling confirms reviews are taking place.																			
Specific additional oversight of Care Leavers																			
Appoint interim SM Corporate Parenting	DF	C																	
Interim SM Corporate Parenting commences in post	DF					C													
Recruit to Permanent SM Corporate Parenting	DF																		
Complete																			
Complete - Vanessa Strang commenced FT on 04/05/2020																			
Not yet due to start																			

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Scrutinise weekly reports of care leavers in unacceptable accommodation confirming actions needed in specific cases	DF/VL	C	C	C	C																			6 Care Leavers in unacceptable accommodation	Weekly update provided and actions scrutinised in relation to this small group with very complex needs.
Take action to secure acceptable arrangements.	NC/VS	C	C	C	C																				Actions are progressing appropriately in light of their complex needs and circumstances.
Redeploy 10 identified staff as PAs for Care Leavers to ensure manageable PA caseloads	DF/NC																							# additional PAs PA Caseload #s	Complete - YOT workers have been redeployed alongside some Corporate redeployees to offer support to care leavers alongside PAs.
Appoint interim additional AM for Corporate Parenting	NC																								Ofsted redeployee started w/b 27/04 Complete – Both vacant AM posts were appointed to at interviews on

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young person will be contacted or visited.																					
Develop and implement improved Pathway Plan format, including consultation with young people.	VS																				Examples of good practice have been identified. Arrangements for engaging Care Leavers in the redesign are in place.
Update Pathway Plans using the new format.	AMs																			% updated	This will commence once the PP template has been revised.
Agree actions needed if plans are identified as I or RI	VS																				Not yet due to start
Progress identified actions to improve quality of plans	AM and TMs																			% of completed actions % of relevant Pathway Plans that are RI/I	Not yet due to start
Scrutinise weekly reports of children looked after in	DF/VL	C	C	6	C															3 CLA are in unregulated arrangements where	There has been a reduction this period, including

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unregulated placements confirming actions needed in specific cases																											plan is not appropriate	following young people becoming more stable and unregulated 16+ provision being deemed appropriate. Also, one young person with complex health needs was moved to an appropriate regulated setting.
Take actions identified as required.	NC	C	C	C	C																						% identified actions completed	All outstanding actions are being progressed.
Block book additional residential provision so that we have sufficient capacity if needed and children and young people will not be placed in unregulated settings inappropriately.	FF/NS																										8 additional residential beds currently available.	8 residential beds currently retained and in use or young people planned to move in. 5-11 additional beds in the pipeline.
Implement agreed process for establishing additional	FF																										# additional residential beds	Options paper in place. Buildings, providers and process scoped for

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<p>emergency provision if needed</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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Implement tracker fully populating with agreed dataset	AMs																				% population of agreed tracker	Meetings completed with teams to populate Tracker. A positive meeting was held with CAFCASS this period to agree sharing of relevant data.	
Check impact/operation of tracker and adjust as necessary	J-ES/SA																						Not yet due to start
Weekly tracker of all children in PLO reported to SMT to agree priority actions needed	J-ES/SA																					# weeks PLO operating in all relevant cases	Not yet due to start
Take action in response to any drift and delay	J-ES/SA																					12 families (27 children) currently in PLO 12 weeks +	All cases on PLO tracker have valid reasons for remaining within PLO. This is reviewed weekly.
Monitor impact of reduced Courts capacity (Covid-19) and escalate to BCP if needed	J-ES																						Meetings are planned with court users, including CAFCASS.

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<p>service areas based on findings from dip sampling.</p>																								<p>relevant senior manager or an IRO/CP chair for a reflective discussion on strengthening safety plans.</p> <p>In one instance moderation has confirmed performance issues which have been addressed.</p>
<p>Moderation of above and coaching/mentoring to IROs</p>	<p>MB/SA</p>																					<p>95% of judgements confirmed post moderation</p>	<p>A moderation workshop was held with IROs to reflect on thresholds and learning following dip sampling.</p>	
<p>Review approach to QA of risk assessments when Management capacity is impacted</p>	<p>SA/VL</p>																						<p>Requirement has been adjusted to reflect improved management reporting on completion of risk assessments.</p>	

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Appoint to interim Senior Manager Quality Assurance	DF	C																		Complete
Interim Senior Manager QA starts in post	DF																			Complete - Mark Barratt commenced in post on 11/05/2020
Appoint to permanent Senior Manager Quality Assurance	DF																			Not yet due to start
Appoint to interim QA and Practice Development Leads	MB																			Work to develop JD has started
Appoint to permanent AM + 3 QA and Professional Development Leads																				
1. Create JD and evaluate	MB																			Not yet due to start but work to develop JD has commenced
2. Advertise posts	MB																			Not yet due to start
3. Shortlist, interview and appoint	MB																			Not yet due to start

Actions	Lead	Month 1 - April				Month 2 - May			Month 3 – June					Month 4 - July				RAG	Performance Measure	Progress update 21/05/2020
		06	13	20	27	04 (last update)	11	18	25	01	08	15	22	29	06	13	20			

2. Senior leaders have oversight of priority vulnerable groups and that improvement is being made

Context: Ofsted found that senior managers did not have a clear line of sight to particular groups of vulnerable children and young people; care leavers in unacceptable accommodation, neglected children and children in unregulated placements. In the context of COVID-19 there is a need to ensure that QA is undertaken effectively and that senior managers have access to qualitative and quantitative data which provides a clear oversight of priority groups of vulnerable children and assurance that they are being monitored and reviewed appropriately.

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Report accurately, daily and weekly, on the agreed cohort of most vulnerable children and young people including KPIs relating to risk assessment and safety planning and priority identified groups	VL/FF	Grey	Grey	Yellow	Green	White	White	White	White	White	White	White	White	White	White	White	White	Yellow	Timely accurate reports	A new report (Vulnerability Tracking Tool) is providing data on the completion of risk assessments. Reporting on the reviews of risk assessments is still in development.
Report weekly to CSLT findings of quality assurance (dip sampling) of risk assessments.	VL/SA/MB	Grey	Grey	Yellow	Green	White	White	White	White	White	White	White	White	White	White	White	White	Green		Management report on dip sampling is available weekly for SMT and CSLT
Produce weekly performance dashboards for senior managers, including CSLT and SMT	FF	White	White	Yellow	Yellow	White	White	White	White	White	White	White	White	White	White	White	White	Yellow		CSLT Dashboard in place. Reporting on vulnerability data is in development.
Present Improvement Plan to Members at Cabinet, Scrutiny Committee, Children’s Standing Overview Group,	VL	Grey	Grey	Green	Green	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Blue		Complete - Plan has now been presented to Scrutiny, CSOG

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families provides the help and support families need and that assertive action is taken where needed to prevent life threatening and/or life limiting abuse of children and young people, commissioning action to strengthen where required.																				
Extraordinary terms of reference for DCFP Executive drafted, agreed and implemented	JO	C																		Complete
Present the Improvement Plan to DCFP Executive	VL	C																		Completed 09/04/2020
Updates on implementation of the Improvement Plan provided to DCFP Exec	VL			23	05		21													Available for Exec on 21/05/20
Develop an Improvement Performance Framework for DCFP Exec bringing together qualitative and quantitative data to ensure partners have an effective oversight of whether practice is keeping children safe through this time.	VL																			Data from VTT and dip sampling to be shared at this Board.
Implement Framework and report fortnightly to the DCFP Exec	VL																			In development (see above)
Revise ToR for the operation of the PDG & QA Delivery Groups of DCFP through this time so that they undertake	VL																			Complete - ToR agreed.

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<p>where needed and appropriate escalation to JIMT.</p>																						<p>Business Continuity meetings. Not yet required</p>
<p>Report key data from partners and key services, including schools, EH (DSVA) and MASH to DCFP Exec to support the strategic risk assessment of the impact of increased demand in specific areas, identification of pressures to the system and to enable appropriate action to be taken where needed.</p>	<p>VL/FF</p>																					<p>Partnership data is presented each meeting, including from EH Leads.</p>