

TRAFFORD COUNCIL

Report to: Trafford CYP Scrutiny Committee
Date: 27 January 2021
Report for: Information
Report of: Jill McGregor - Corporate Director Children's Services

Report Title

<p>Update on Children's Services' Progress against Ofsted Recommendations (May 2019)</p>

Summary

The purpose of this report is to provide an update on the progress of improvement activity within Children's Services against the Ofsted recommendations, as reported in May 2019. A previous report has been provided to the pandemic committee in October 2020 to outline the progress in the improvement journey. It aims to provide assurance to the committee regarding the progress and developments within the improvement plan.

Background

Children's Social Care Services was subject to a full Inspection of Local Authority Children's Services (ILACS) in March 2019, with the report being published in May 2019.

The outcome of the inspection was that Children's Social Care Services were judged to be Inadequate overall and significant deficits in both the management and leadership of the service and the quality of practice were identified.

A summary of the areas that we needed to improve on were;

- Senior leaders understanding of the quality of social work practice, through accurate evaluation of performance information, an implementation of an effective quality assurance framework
- Management oversight at all levels of social work practice
- The response to all children referred to MARAT (Front Door) to ensure timely review and effective decision making
- The quality of social work assessments and plans

- The response to children who go missing
- The way in which all staff and managers listen to the voice of children to inform individual work and wider service development

In response to these findings and under the requirements of the formal Improvement Notice, an Improvement Board was established and a plan of action (The Improvement Plan) was submitted to the Department of Education. Progress against the plan has been monitored through the Improvement board. This has been maintained throughout the COVID period.

Initial actions and focus consisted of putting the right structures, systems processes and procedures in place in order to ensure that there the right “scaffolding” was in place to promote rapid improvement. A phased approach to the improvement work was outlined that included responding, strengthening and embedding.

Progress was last formally reported to the Pandemic Scrutiny Committee in October 2020.

Areas of focus during this reporting period have included;

- Embedding Quality Assurance
- Quality of Practice
- Partnerships with purpose

It should be noted that subsequent actions and progress have inevitably been impacted by the continuing pandemic and the need to respond to COVID.

In December 2020 we completed a self-assessment that was subject to scrutiny and challenge via the NWADCS peer challenge and through the annual conversation process with Ofsted. It is positive to note that during this external scrutiny activity it was evident that we know ourselves well and there were no surprises in either the peer challenge or the Ofsted conversation.

Improvement Board & Improvement Plan

Since the last report to scrutiny committee, Pamela Wharton has taken up post as Director of Early Help & Childrens Social Care and Jude Brown has taken up post as Strategic Lead for Practice Improvement and Learning. Both appointments are on a permanent basis and are critical to the progress of improvement.

The improvement board has continued to meet on a 6 weekly basis and is chaired

by our DfE Advisor. We have continued to strengthen the ownership of the plan and the reporting to the board by maintaining the steering group, that was newly established at the time of the last update to this committee. This is chaired by the DCS.

In the last update to scrutiny it was reported that the improvement plan had been revised and refreshed with a clear focus on impact and outcomes for our children and on practice. The improvement plan is designed to be dynamic and to be regularly updated and refreshed as we drive improvement across the ambitions.

In December 2020 a full review of the plan took place with a focus on the actions, timescales and progress. This took place by each ambition lead meeting with the practice improvement service to work through their actions.

Some of the timescales that were originally presented within the plan were slightly ambitious and the review has allowed us to revisit these to be more realistic in some areas. The review also allowed us to prioritise actions and also identify where there needs to be a task and finish group established to progress operational practice issues. This also supports the approach of practitioners and managers being a part of the improvement.

The review of the plan was presented to the Improvement Board on 19 January 2021 and the full report is provided to this committee as a supporting document to this overview report. It was noted at the board as a very comprehensive and honest review that will now allow us to start evidencing distance travelled and impact for children. This is supported by having very clear links from the plan to performance measures.

The review of the plan has identified that currently there are no areas that are considered to be a risk to the plan of improvement (RAG rated red) and this is positive to report.

Quality Assurance

This is linked to Ambition 1 - Leaders and managers at every level understand and influence practice to be consistently good.

A continued area of focus since the last report to this committee has been on the development of the Quality Assurance framework. Quality assurance is not just about auditing, it is about how managers use audit, performance data, supervision with staff and listening to children and families to help them understand what the quality of practice is like within their teams and services.

The Quality Assurance framework has been updated to ensure that we have considered the Ofsted finding that, managers at all levels need oversight and grip. There has been an incremental approach to increasing the expectations of audit activity and we have supported managers undertaking audits with coaching sessions. We continue to do this for any manager needing this or any new managers to Trafford. Within the framework we have also introduced the moderation function so that there is oversight of audit but also this allows us to address the issue of consistently understanding what good looks like across the service.

Audit and moderation is an expectation for all managers and all of our reporting is transparent because there are no exemptions given to managers.

It is positive to report that we have seen significant improvement in audit compliance and moderation which now gives us a much richer evidence base to consider what the quality of practice is in service areas.

We have developed reporting in this further to breakdown compliance and the findings from audits to individual service areas, teams and practitioners which allows us to understand any barriers to improvement and we can wrap around teams with support and development.

In the same way that our auditing has improved, our interaction with performance data has improved. Monthly performance clinics take place within individual service areas and these are chaired by the responsible Strategic Lead. There is also a layering of performance challenge and scrutiny. The Director for EH & CSC chairs a monthly Quality and Performance meeting where strategic leads present their reports and overview of performance in their areas. The DCS chairs a DMT performance clinic on a quarterly basis where members of DMT report to.

This again supports in evidencing that all levels of managers are owning quality assurance across the service.

As we have strengthened our approach in this area, we are able to start to report on patterns and trends which is so important for our improvement.

Our findings from audit over the last quarter identify that most of cases are judged to be requires improvement or good. The below table outlines in percentages what this looks like across the judgments.

Inadequate	Requires	Good	Outstanding
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	Improvement		
18.7%	46.7%	32.7%	1.9%

In addition to our EH & CSC Quality Assurance framework, the TSSP has been developing a multi - agency framework as we need to understand quality of practice across the partnership. This is on the basis that no single agency can safeguard children in isolation. This is an area of focus for the next reporting period.

Quality of Practice

This is linked to Ambition 3 – Quality of Practice is consistently good across the service so that it makes a difference to our children and families.

Directly linked to the Quality Assurance framework is the practice standards.

These have been developed and refreshed with a group of practitioners so that the production of these become a support and are helpful along with setting the clear expectations of what is safe and what promotes relational practice with children and families. These have been through the governance routes of SLT & DMT and will be ready for launch in Feb 2021. It is important that the launch and communication around these are right so that we are supporting a consistency of good practice.

There is a programme in place to roll out the use of Child Impact Chronologies, which started in Jan 2021. These are an integral tool in understanding each child's story and informs how we plan for children and this is progress made within the improvement plan.

There are now strengthened links from the improvement board to the various forums that are in place for managers and practitioners to ensure that there are clear lines of communication on practice matters and also there is a mechanism to feed information back up to the board or into SLT or DMT. Learning from audits are now a standard agenda item for these forums and these have been well received by managers attending sessions.

Other learning spaces are going to be planned for the rest of the year so that practitioners can access these and we can tailor these to the findings from audits for example, sessions on genograms, assessments, plans. We are also developing a 'what good looks like' briefing so we can share this across service.

Work has been completed to strengthen the practitioner forum and to ensure that this is purposeful and impacts on practice. Terms of reference and action plan has been updated to reflect a strengthened approach.

A relational practice model is being progressed to build on the current restorative values that are very well understood by practitioners. An engagement session was held with practitioners and a potential relational practice partner so we are understanding what is helpful to practitioners from any programme that we commission. This was a very positive session and practitioners really keen for this to progress. The procurement process has commenced for this.

Purposeful Partnerships

This is linked to Ambition 8 – To have partnerships with purpose that impact positively upon the lives of children, young people and families.

In order to progress this area of the plan we have worked on a reset of the Partnership Governance in order to ensure that there is clear alignment with all of the boards. This will promote a clear line of sight on the issues and actions being taken in respect of children from a wider partnership perspective.

In order to develop this we have talked to partners and stake holders about current arrangements and also started conversations with children, young people, parents and carers through the FutureGov work.

There has been a lot of activity in progressing the governance including the reconfiguration and launch of the Start Well Board to raise the status to become strategic and accountable for the different plans. A dedicated Children's Commissioning Board has been set up with a focus on strategic commissioning so we are ensuring the right services are commissioned for children in Trafford based on need.

There has been a desktop review of TSSP structure and this has led to a proposal around sub-groups that will work to deliver strategic objectives on behalf of TSSP. The priorities of the safeguarding partnership are being aligned to the ambition plan to ensure a shared vision and avoid duplication for example neglect, domestic abuse and Exploitation. .

There has also been a review of strategic links to the TSSP in order to ensure the partnership is strengthened and those relationships are established.

A multi-agency quality assurance framework has been developed and will be presented to the next TSSP on 5 February 2021 for final approval. It is intended that the first multi-agency audit will be on domestic abuse. The multi-agency framework will focus on quality of practice and impact.

An update of this work was presented at the Improvement Board on 8 Dec 2020 and was noted as a positive way forward. There will be clarity of remit, oversight and promotes independent scrutiny of services across the partnership.

There is also work planned to strengthen relationships within the partnership at an operational level. The Strategic Lead for Practice Improvement & Learning and the Strategic lead for Safeguarding are leading on this.

Recommendations

Scrutiny are asked to note the contents of this report and the work that has been progressed to date.

To agree to receive further updates and offer a level of scrutiny and challenge to the service.

Contact person for access to background papers and further information

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Appendix: Updated Improvement Plan and Progress