

Trafford CSC Improvement Board

Title of Report/Paper:	Updated Improvement Plan and Progress									
Date of meeting:	19 th January 2021									
Report Author:	Jude Brown									
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Purpose of the report	<p>This report provides an update on some of the key areas of activity and progress within the Improvement Plan.</p> <p>Ambition Leads had identified, through their work stream meetings that some of the initial timescales set were ambitious and, with that in mind, it was agreed that it was appropriate for Jude Brown, Strategic Lead for Practice Improvement and Learning to meet separately with each Ambition Lead to review timescales, progress in general and agree where task and finish groups were appropriate.</p> <p>This report will outline for each ambition;</p> <ul style="list-style-type: none"> • Review of progress • Review of timescales • Provide a RAG rating so that progress can be clearly identified • Provide headline performance • Outline agreed task and finish groups 									
Executive Summary	<p>The Improvement plan in its entirety is presented to the board today. As outlined in the above section, a RAG rating has been applied to the plan so that progress can be clearly identified but also that the review of timescales is transparent with clear rationale in the commentary.</p> <p>The RAG rating that has been applied is as follows;</p> <table border="1" style="width: 100%;"> <tr> <td style="background-color: red; width: 20%;"></td> <td>No plan in place and not on track – risk to the improvement plan</td> </tr> <tr> <td style="background-color: yellow;"></td> <td>Plan in place but not meeting timescale and/or timescale reviewed and amended</td> </tr> <tr> <td style="background-color: lightgreen;"></td> <td>Action on track to be delivered/has been delivered but impact not yet evident</td> </tr> <tr> <td style="background-color: lightblue;"></td> <td>Action completed and is embedded with clear evidence of impact</td> </tr> </table>			No plan in place and not on track – risk to the improvement plan		Plan in place but not meeting timescale and/or timescale reviewed and amended		Action on track to be delivered/has been delivered but impact not yet evident		Action completed and is embedded with clear evidence of impact
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Ambition 1 - Leaders and managers at every level understand and influence practice to be consistently good

There are 9 action points in this part of the plan. All points have been reviewed which has resulted in 6 of the actions being rated as amber as a result of plans being in place for these actions and progress is being made however we are not in a position to say that the actions are embedded in practice and there is yet to be evidence of impact.

The actions that have been rated as amber are;

	Action Plan	Reviewed Timescale
1.1	Complete coaching sessions with every manager to embed consistent standard of what "good" looks like	28/02/2021
1.2	Refresh the QA Framework to demonstrate a mixed methodology of audit and quality assurance activity to include side by side learning audit, practice observation and development, themed and exploratory audit processes and attention to feedback from children, young people and their families	31/01/2021
1.3	Develop and embed a moderation and benchmarking process by which all strategic leads understand the quality of practice across their service area	31/03/2021
1.4	Embed supervision audits as standard including revision of our supervision audit tool.	31/03/2021
1.5	Embed practice learning sessions as routine for all audit activity building on existing practice Every Auditor to become a practice leader	31/03/2021
1.6	Embed and enhance our closing the loop and practice learning across the whole service	31/03/2021

The rest of the actions within this ambition are RAG rated as green.

The achievements in these elements of the plan are;

Action plan 1.7 - Development of a multi-agency audit framework aligned to priorities of the TSSP. This will be commenced with the first multi-agency audit being on Domestic Abuse. This has met the target date however we are yet to be able to evidence the impact of this in practice and therefore the rating indicates this is not a completed action

Action plan 1.8 - Service level performance clinics are all scheduled to take place on a monthly basis. The Director for Early Help & Children's Social Care chairs the monthly Q&P meeting and the DCS a quarterly DMT performance clinic. The first one took place in November with the next scheduled meeting to take place on 26 January 2021. Performance monitoring is established and this will continue to develop as the performance culture embeds in term of how we use performance and data to target services, manage demand and improve management grip & QA

Action plan 1.9 – Regular workforce development meetings are now in place and this considers management development programmes/opportunities. This needs to be strengthened alongside the learning from audits (case file, thematic and supervision) and other patterns and trends picked up for example - recruitment and retention. A strengthening managers programme is being explored to support. The timescale to deliver this action was 30 October 2020 which has been achieved in terms of our understanding - this now needs to progress into a delivery plan for the workforce and managers development programme

Key Performance Headlines

Description	Actual			
	Q1	Q2	Q3	Q4
Audits completed	39%	51%	60%	
Case files judged to be good	32%	43%	31%	
Case files audits moderated	11%	7%	27% exc Dec	

Percentage of audits completed – it is pleasing to report that the number of audits completed in quarter 3 has increased. This is still not where we want to be but it is progress and it continues to be an accurate reporting of compliance against expected number of audits. The detailed findings of the most recent audit activity is on as an agenda item today. It is the intention to bring a quarterly overview of the audit activity and analysis to the board on 2 March 2021 as this will be a complete quarter with moderations completed.

Case file audits judged to be good – this has decreased in quarter 3 in comparison to quarter 2 but this can be attributed to the new tool for audits changing in October with and a clearer focus on the quality of practice and moderations now being completed. As the compliance of auditing is now more accurate, the information about quality of practice is also more reliable. Moderations are evidencing that there is work to do on the collective understanding of what good looks like, but the richness of the

learning from audits can now be used purposefully within forums as a sound evidence base.

Case files moderated – is another area of progress. It was reported at the last board that indications were that this area of performance would increase and it has. It needs to be noted that the moderation activity for the December audits is in the process of being completed at the time of writing this report and it is the intention to report the full quarter of moderation activity and analysis to the next board in March 2021.

Task and Finish groups

Linked to action 1.5 – there is a task and finish group set up to explore a digital practice learning space/hub. The lead of the task and finish group is Jill Bailey (Principal Social Worker)

Ambition 2
Children and families receive the right help at the right time from the right professional

There are 10 action points in this part of the plan. All points have been reviewed which has resulted in 5 of the actions being rated as amber as a result of plans being in place for these actions and progress is being made however we are not in a position to say that the actions are embedded in practice and there is yet to be evidence of impact.

The actions that have been rated as amber are;

	Action Plan	Reviewed Timescale
2.2	Introduce and embed the use of child impact chronologies (CimC) in Early Help cases.	30/04/2021
2.5	Revise and refresh step down (exit pathways) across the child's journey	31/03/2021
2.7	Strengthen CIN planning and interventions through an agreed service delivery model	30/06/2021
2.9	Embed and co-design strength based child in need reviews as the vehicle to drive outcome focused planning	29/01/2021
2.10	Establish a fully integrated multi-agency Front Door	26/03/2021

The rest of the actions within this ambition are RAG rated as green.

The achievements in these elements of the plan are;

Action plan 2.1 – Early Help Locality Teams - The Governance structures have been redefined with a Strategic Core team and the Early Help Board

has been refreshed to become the Design and Delivery Group for the development of the Trafford Team Together model. Five work streams will be developed to lead on the Role of the Coordinator, Communication, Data, Resources / Workforce development and Early Years. In December, the Early Help Board met and undertook an exercise to understand how ready the partnership is to develop the new model. It was clearly evident that there was a desire for an agreed vision for a locality offer, buy in from senior advocacy, school engagement and a willing for a shared practice. It highlighted areas for the partnership to develop further; agree staffing resources, tools and training requirements, governance at a locality level which would all support a collective commitment to co designing the new model. Two prototypes areas have been agreed based against agreed criteria: Partington and Stretford base. The model will be initially be developed around school age children 4-16 years old.

The target for this remains as March 2021 and whilst it is early in the planning phase the new lockdown and any subsequent lock downs may impact on this.

Action plan 2.3 – Streamlining of systems and processes with FR to ensure a reach out offer to families have been reviewed in light of COVID. SW consultation line in place and operational. Regular meetings take place with FRT and IFS as the interface between Early Help and CSC. Step-up consultations are embedded however the impact of these need to be further tested and evidenced.

Action plan - 2.4 – Embedding conversational audit approach to user feedback – whilst the QA framework does outline a conversational audit element, this action is also linked to how we respond to user feedback consistently. There are lots of examples of how different services collate user feedback but there isn't a consistency to this or what we do with that information to learn as a collective. A task and finish group has been set up to agree how this is embedded across the service.

Action plan – 2.6 – Embedding QA processes including re-referrals at the front door to understand and act on themes – Thematic audits are now taking place within FRT and the analysis and learning from this is now starting to be evidenced within performance reports. Wider learning needs to be shared for a collective understanding and also across the partnership

Action plan – 2.8 – Families matter pod evaluation and cascading of learning to inform practice model- The Families Matter Pod has been reviewed and evaluated to inform the practice model moving forwards as part of the redesign.

Key Performance Headlines

Description	Actual			
	Q1	Q2	Q3	Q4
% EHA assessments completed by partner agencies	24%	38%	46%	
% of re- referrals within 12 months of a previous referral	18.8%	15.9%	17.70%	
% of re-referrals that had previously stepped down to EH	11.1%	5.60%	7.80%	

There has been an increase in the number of early help assessments completed by partner agencies which is positive to report. The increase in the number of Early Help assessments completed can be attributed to the four Early Help panels that are now taking place every week; completion of an Early Help Assessment is a pre-requisite to having a case discussed at panel. There is a risk however that these EHAs are not seen as a dynamic piece of work, with an outcome plan, but being used more as a tool to ‘refer in’. These assessments are still having an impact as they are enabling children to get help in the right way, but the author of these EHAs are often not the agency who go on to provide Early Help support and these assessments are not being maintained with an outcome plan

To mitigate against this, and to ensure our EHA figures given an accurate reflection, consideration is being given to whether a separate referral form is required for panel.

The overall percentage of re-referrals has slightly increased in this quarter however it is worth noting that the increase (1.8%) equates to 7 families overall. This is in a period that had a higher overall number of referrals than the previous quarter (542 compared with 484).

It is an area that we are continuing to monitor closely as we have seen significant improvement in our repeat referral figures over the last 12 months.

We need to understand the reason for our repeat referrals and use this to understand the impact of our work with our Children in Need.

Task and Finish groups

Action plan 2.4 – Develop and Embed conversational audit and approach to user feedback. Lead for this group is Collette Haggis.

Action plan 2.5 – Revise and refresh step down across the child’s journey. Lead for this group is Pamela Wharton

Action plan 2.9 – Embed and co-design strength based child in need reviews. Lead for this group is Jill Bailey.

Ambition 3

Quality of Practice is consistently good across the service so that it makes a difference to our children and families

There are 10 action points in this part of the plan. All points have been reviewed which has resulted in 8 of the actions being rated as amber as a result of plans being in place for these actions and progress is being made however we are not in a position to say that the actions are embedded in practice and there is yet to be evidence of impact.

The actions that have been rated as amber are;

	Action Plan	Reviewed Timescale
3.2	Review of our Practice Guidance and connectivity with our recording systems to ensure compliance with latest statutory guidance.	31/03/2021
3.3	Co-produce strength based family assessments	30/04/2021
3.4	Embed the consistent use of evidence based tools in assessment, planning and interventions as routine	01/04/2021
3.5	Revise and embed our approach to the use of child impact chronologies (CimC) so they become an integral tool in understanding each child's story and informing case planning	30/04/2021
3.6	Use a variety of Practice Learning spaces to share learning and practice effective use of tools	29/01/2021
3.7	Using the learning from the Covid period - engage with a variety of children and young peoples voice portals to ensure their feedback and that of families and family groups are an inherent part of service design and learning plans. E.g. our service users, YPFJB, Family Rights Group	26/03/2021
3.8	Embed child centred decision making and recording so that every child's record reflects their experience and story	30/06/2021
3.9	Develop and embed coaching for quality supervision and process and rigorously monitor and check quality and effectiveness of supervision	31/03/2021

There are 2 actions in this ambition that are RAG rated as green.

Action Plan 3.1 – Building on restorative practice and roll out of strength based practice programme - Tendering process has begun for a restorative relational programme and the timescale for this to be in place is 1/3/2021. Award of the tender is on track to deliver by this date. Timescales for implementation of a relational practice approach will be outlined with the provider once the tender has been awarded. This programme will build on the approaches that have already been taken in Trafford to strengthen practice. Principal Social Worker has attended Practitioners forum to understand how restorative practice is working and whether it is embedded in practice. This forms part of the practitioner forum’s priorities and work plan. An engagement session has taken place with practitioners about a relational practice programme to seek views on what would be helpful to them so we have buy in from the workforce on any programme that is offered. Engagement sessions went well with a very honest discussion about that this might look like and reassurances that this is about working differently to support our restorative values and will have such a positive impact for children and families.

Action Plan 3.10 – Creating the conditions for best practice to flourish – This part of the plan is centred around recruitment and retention. There is currently work in progress in reviewing the current strategy in order to ensure that we have considered the findings in the work force profile. Whilst this is an important piece of work to have a revised strategy, there are certain tasks that we are progressing as a priority. One of these is that we are progressing the market supplement for grade 8 social workers in order to retain experienced workers within Trafford. We have also set out a calendar for the year of Social Work Recruitment and are forward planning interview dates and panels to ensure that our recruitment is much more effective and any offers of employment can be made quickly in a targeted approach to service demand but also matching applicant’s skills and knowledge. The updated Recruitment and Retention Strategy will be presented to SLT and DMT in February 2021.

Key Performance Headlines

Description	Actual			
	Q1	Q2	Q3	Q4
Case file audits evidence strength based assessments	44%	52%	40%	
% cases evidence management oversight in line with practice standards	71.6%	66.6%	61.2%	

Task and Finish groups

Action 3.1 – Roll out of strength based intervention programme – The planning around this is routed through the monthly workforce development meeting however there are regular weekly meetings planned whilst we are in the procurement process to ensure timelines. Lead for this is Jude Brown and will include workforce development, organisational development and procurement.

Action 3.8 – Child Centred Decision making – This task and finish group has been agreed and is led by Tony Morrissey. This group will focus on our internal response to demand management, thresholds and inconsistent decision making and identify what we put in place to address this area i.e. panels, triage, training, coaching linked to risk and need.

Ambition 4

Our children will live safely and permanently with a family wherever it is safe to do so

There are 11 action points in this part of the plan. All points have been reviewed which has resulted in all of the actions being rated as amber. This is mainly due to all of the timescales being pushed back to later months as there are some significant pieces of work to complete as part of this work stream. There are plans in place for all of the actions and this is a very active ambition.

The achievements in these elements of the plan are;

A workshop has taken place with professional leads to start the work on drafting the permanence strategy by agreeing the principles. This was very positive and really started the thinking across whole service of what this means for children and families.

Stability has been maintained in our numbers of children living in external residential care despite the challenges of the pandemic and an increase in the numbers of children in care overall.

The review of children who are placed with parents has achieved a clearer understanding of thresholds and enabled identification of children who will have applications made for discharge. The impact on these children will be that they are able to move on to life without social care intervention. It is critical that we action the discharge plans in a timely way

Continued drive to secure legal permanence for children in long term foster placements has resulted in 10 children becoming the subject of Special Guardianship Orders and thereby achieving permanence in their carer families. A further 15 are rated green as they are in court or nearing ratification of the plan, 37 amber rated have been identified as nearing

readiness to progress to SGO with 32 rated red as not yet ready to move to SGO now either due to level of risk or carer apprehension. The discharge project will include a support element to engage and build confidence in the post SGO offer for children and families.

Scoping of a review of the fostering service and improved performance reporting has resulted in a clearer focus on the timescales for fostering recruitment to track more timely approvals and improved fostering sufficiency. Timeliness has not yet been improved as a result of drift in some assessments. This drift is more clearly visible and the reasons for this need further scrutiny.

Timeliness of recording on care leaver files has improved with activity evident on all case files bar one within November and December. This has resulted in more accurate and up to date understanding of needs. Work to embed a performance culture through regular case management reports is changing culture to a more engaged, proactive care planning approach.

Care leaver apprenticeships with the Council have been sustained during the pandemic.

Key Performance Headlines

Description	Actual			
	Q1	Q2	Q3	Q4
Reduction in number of children placed with parents	70	77	86	
Long terms stability	67.4%	67.2%	69.8%	
Reduction in the number and % CLA placed in external residential placements	5.9%	5.10%	4.70%	

The data in respect of long terms stability and children in external residential placements is positive and support the narrative as already outlined.

The numbers of placement with parent arrangements have increased by 9 this quarter. There will be a business case presented to SLT and DMT with the outline for a discharge project. There is an established panel that considers all of these children and this has been developed further to become a tracker so we can ensure that we are progressing plans and we are achieving permanence for children.

Task and Finish groups

Action 4.1 – Embed permanence strategy – Lead for this is Fiona McKenzie with a co-lead from with the locality teams to ensure that permanence is driven from across the service.

Action 4.2 – re-set and embed no wrong door – as part of this action plan it has been established that we need to develop a care planning protocol. Lead for this task and finish group is Kay Everard

Action 4.6 – Embed placement support meetings as routine – Lead for this is Dana Marrott.

Action 4.8 – Develop and embed life story work - Lead for this is Jill Bailey and this will link very much into the practitioner forum

Ambition 5

To narrow the gap through working collaboratively to reduce the number of children that are living and experiencing neglect

There are 8 action points in this part of the plan. All points have been reviewed which has resulted in all of the actions being rated as amber. This is in part due to timescales being pushed back to later months as there are some significant pieces of work to complete but also due to the need to engage the partnership more in this work stream. There are plans in place for all of the actions and this is linked into the TSSP priorities as Neglect is a partnership responsibility.

The achievements in these elements of the plan are;

Action 5.2 and 5.4 - Commission and roll out strength based practice programme and introduce Child Impact Chronologies - Tender process has progressed for a strength based intervention programme with a target date of the tender being awarded as 1 March 2021. Roll out of the training is being planned now ready for implementation.

Project proposals have been drafted to shape the work around Child Impact Chronologies (CimC) and invites for training Champions has been shared and is taking place in January. The engagement from across Children's Services has been good and is inclusive of Early Help. This will be rolled out and a decision will be made in January as to which way this tool will be introduced and the timeframe that will be allowed for casework to transition from the existing model to the CimC. We have agreed to utilise existing staff and introduce them to a role in promoting the model across Trafford. A CimC template will be embedded in LCS in the coming months. Using the impact of cumulative experiences for children and young people will help us to plan interventions, inform decision, including robust decision-making at the Front Door and across Children's Services.

It is envisaged that the Strengthening Practice model will strengthen our interventions of working with families who experience neglect. This will complement the work around CimC above and improve the understanding of children's lived in experiences.

Action 5.8 – Developing multi-agency audit – a multi-agency framework has been developed by the TSSP business manager. A single agency thematic audit in respect to Neglect cases within Early Help Children's Social Care has been completed and the findings are being collated. This will further identify strengths and areas for development in practice. It is also planned for a multi-agency audit of neglect to take place in April to inform on the quality of practice across the partnership in identification and responses to neglect. This will provide a baseline across the partnership on quality of practice, resources available and inform future training needs, commissioning of services to improve children's lived experiences

We are yet to see the impact of the above work as it remains in train to be introduced and embedded. In addition there is a need to look at the effectiveness of the present multi-agency response to early identification and responses to neglect via the TSSP quality assurance programme, including seeking the views of frontline practitioners, parents and children and young people on what is working and what would help.

Key Performance Headlines

Description	Actual			
	Q1	Q2	Q3	Q4
% of children known to Early Help identified as living in households where neglect is a feature	4.2%	5.7%	5.4%	
% of children known to Social Care identified as living in households where neglect is a feature	10.3%	7.9%	10%	
% CP Plans commencing that have an initial category of Neglect - last 12 months	44%	37.2%	36.8%	

The first figure is currently being taken from Early Help Assessments where neglect has been selected as an identified factor. Practitioners/managers completing these assessments are being reminded to ensure that neglect is

being selected in all cases where neglect features. It is likely that low level neglect is not being captured accurately.

There is a similar recording issue within the second area as with the EHAs. Where neglect is not the presenting need, or where the outcome of a child & family assessment is for no further social care intervention, practitioners are not always acknowledging in the factors at the end of the assessment that neglect was a feature.

Our current target is for an *increase* in CP plans for Neglect and we are currently reporting a reduction. Further into our improvement journey, as we improve our response to Neglect then we would hope to see that, through early identification and intervention, the numbers reaching the threshold statutory intervention (Child Protection or Proceedings) start to reduce. It is pertinent to note that we have seen a reduction overall of CP plans and a task and finish group has been set up to consider decision making and thresholds (ambition 3)

Task and Finish groups

Action 5.6 – Practice model for tackling neglect to be embedded within locality Early Help Model. GCP2 Task & Finish Group to review and refresh the following to improve early identification and intervention

- Numbers training in each agency/organisation
- Number of GCP2 Assessments completed by each person trained/agency/organisation
- Identification of Champions in each agency/organisation
- Update from each agency/organisation on monitoring of completion of GCP2
- Update from each agency/organisation on promotion of GCP2
- Group to look at barriers/challenges to completion of GCP2 and how we can support looking at delivery in other LAs i.e. Luton

Action 5.8 – Develop multi-agency skills base audit of practitioners' competence and confidence to identify neglect. Task & Finish Group to develop tools and training in respect of supporting practitioners to identify a response to neglect

Reviewing Work Plan of TSSP Neglect Sub Board to concentrate on the following:

- Update of TSSP webpage to include the following:
- Neglect Needs Assessment
- Multi-Agency Neglect Strategy, Policy and Guidance
- Neglect Indicators – quick reference guide
- Neglect Toolkit – Tools for assessment and planning
- Raising Awareness
- Tools and resources for wider children's workforce

Ambition 6

We will work together to strengthen our practice and approach when working with families where domestic abuse and or coercion is a feature and to reduce the harm our children experience

There are 6 action points in this part of the plan. All points have been reviewed which has resulted in 2 of the actions being rated as amber as a result of plans being in place for these actions and progress is being made however we are not in a position to say that the actions are embedded in practice and there is yet to be evidence of impact.

The actions that have been rated as amber are;

	Action Plan	Reviewed Timescale
6.1	Embed Domestic Abuse practitioners within our locality Early Help teams to support early identification and intervention	31/06/2021
6.2	Research and pilot evidence based approaches to the management of risk in respect of DA - such as "Safe and Together" and rollout so we have consistent approach across the service and wider partnership	30/04/2021

There remaining 4 actions in this ambition are RAG rated as green.

The progress within these actions are as follows;

Action plan 6.3 – Refocus our resources to commission what works based on impact. Commissioning Group operational as of 10/11/2020. Scoping of existing contracts and spend has been mapped and an impact assessment is being carried out by commissioning. Perpetrators programmes also being considered on a commissioned basis as this is currently spot purchased. Training for working with female perpetrators is being explored as are the services available to children and care leavers in respect of direct work specifically related to DA.

Action plan 6.4 – Refresh of MARAC system and processes. Revised processes were endorsed and went live on 8 October 2020. An early review of these took place on 24 November 2020 but this will need to be reviewed again by 31 March 2021 to be assured of embedding and effectiveness. Processes inclusive of DA training across the partnership. Further training for Safe Lives is scheduled for January 2021.

Action plan 6.5 - Embed our Practice development hubs to explore cases and share best practice in respect of working in cases where DA is a feature - Introducing reducing parental conflict practitioner tool kit. Reducing

parental conflict training programme has commenced. Development of digital learning hub is being progressed to create a platform/space for practitioners to interact with for learning, good practice, and research as examples. Task & Finish group to be set up to look at recording of domestic abuse as a feature for children and families in the context of Child Protection conferences and the reasons for plans being made.

Action plan 6.6 - Roll out and embed Parental Conflict Programme internally and across the partnership. Reducing parental conflict training programme has commenced. GM has provided a toolkit and we are exploring train the trainer for January 2021. Feedback will be provided at the end of March 2021

Key Performance Headlines

Description	Actual			
	Q1	Q2	Q3	Q4
% EHA where DA is a factor	26.3%	19.4%	9.3%	
% Referrals where DA is a feature	24.3%	10.7%	10%	
% Assessments where DA is identified as a factor	27.3%	19.3%	28.2%	

The first figure is currently being taken from Early Help Assessments where DA has been selected as an identified factor. Practitioners/managers completing these assessments are being reminded to ensure that DA is being selected in all cases where it features so that we can start to more accurately report on this.

Contact reason codes were amended in the second half of Quarter 3 to assist us in getting better data regarding contacts & referrals where DA is a feature. It is acknowledged that this figure is low but that it does not correctly reflect current demand in this area.

Where domestic abuse is not the presenting need, or where the outcome of a child & family assessment is for no further social care intervention, practitioners are not always acknowledging in the factors at the end of the assessment that DA was a feature of a relationship within the family.

Task and Finish groups

Action 6.5 – Embed practice development hubs – This group will specifically be looking at recording DA as a feature within systems (Child Protection being a key area) Lead for this is Jenny Hunt.

Action 6.6 – Roll out and embed Parental Conflict Programme – as part of the roll out of the programme there is a task and finish group set up to develop the parental conflict tool. This is led by Jenny Hunt

Ambition 7

To take action and collectively safeguard our children and young people from all forms of exploitation and going missing

There are 9 action points in this part of the plan. All points have been reviewed which has resulted in 2 of the actions being rated as amber as a result of plans being in place for these actions and progress is being made however we are not in a position to say that the actions are embedded in practice and there is yet to be evidence of impact.

The actions that have been rated as amber are;

	Action Plan	Reviewed Timescale
7.6	Roll out specialist training across the whole service.	30/04/2021
7.7	Develop and roll out 4P Approach (Prevent, Protect, Pursue, Prosecute) as vehicle for addressing risk	30/04/2021

There remaining 7 actions in this ambition are RAG rated as green.

The progress within these actions are as follows;

An integrated multi- disciplinary team is now established and includes Social workers, GMP, Health Worker (due to start Jan 21) and an Adult worker is due to start Feb 21. Resource requirements and fully integrated systems and processes are being developed. Joint supervision sessions will be facilitated between the Shine and allocated worker in order to support a more joined up approach and support to our children at risk of exploitation.

An audit has taken place in respect of missing and return interviews. This has been presented at the Lead member/Chief Executive assurance meeting, DCS assurance and Q&P. There has been an increase in August in the number of return home interviews. However, procedural dip sampling of 5 top missing children and audit of work around return interviews does not demonstrate a recognition and impact in the care planning of these children. A missing from home workshop is planned for January 2021 to support and strengthen this area and to have a wider understanding of why our children go missing and enable us to provide support at the right level at the right time and reduce missing episodes.

Flow chart for missing from home procedures has been developed and will now be uploaded onto Tri-x for social workers to access in order to improve compliance with procedures and consistency in response to those children who go missing.

Multi-agency mapping events are ongoing on a monthly basis since October 2020 but will now move to bi-monthly. The next one is scheduled for January 2021. These events will be supported by an analyst from GM. The impact aim is to prevent and disrupt in real time as we have the links which means we can respond quicker to offer safeguarding and thereby reducing risks.

Business case for mentoring programme 2020 – 2021 has been agreed. 9 young people have completed the mentoring programme. The aim of this is to reduce risk of young people not being in education and therefore life outcomes and reduce episode of offending.

Performance scorecards have been developed and will form a part of the work stream meetings from January 2021.

Information has been communicated to schools via Head teachers' briefing around the early identification of exploitation and support.

Professional Thinking Time meetings take place on any child within children's social care – SHINE expertise is shared where appropriate which supports professionals to manage risk.

Contextual mapping has created a dynamic tool that will be used to disrupt activity and will help safeguard those children and young people at risk. Intelligence gaps become more apparent and risks reduced.

Key Performance Headlines

Description	Actual			
	Q1	Q2	Q3	Q4
Number of CLA with a missing incident in the last 12 months	64	55	49	
% all children offered a Return Home Interview (RHI)	98%	98%	90%	

	% children accepting RHI	86%	79%	84%	
<p>It is positive to report that there has been a reduction in the numbers of Children who are looked after going missing in quarter 3. There has been a reduction in the number of return home interviews offered and we are currently exploring why that is but positively there has been an increase in the number of children accepting the interviews. The recent audit on return interviews highlighted some really good relational practice with our young people in trying to understand why they go missing and help us plan for them.</p> <p><i>Task and Finish groups</i></p> <p>Action 7.8 – Implement and strengthen care planning for young people at risk of exploitation. This will link with the ambition 4 care planning task and finish group lead by Kay Everard.</p> <p><u>Ambition 8</u> <u>To have "partnerships with purpose" that impact positively upon the lives of children young people and families</u></p> <p>Ambition 8 is now routed through the Start Well Board and the TSSP.</p>					

Key areas of note or exception for discussion	
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