



Ofsted Improvement Plan

EALING CHILDREN'S SERVICES

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Ealing Children’s Services – Ofsted Improvement Plan 2019/20

A. Introduction

During their Inspection of Local Authority Children’s Services (ILAC) in November 2019, Ofsted made recommendations and highlighted several areas that require improvement. The improvement plan below details our response to these recommendations with the goal of strengthening individual service areas and social work practice and ensuring robust management oversight throughout the system. The improvement plan will act as the primary driver of changes to be made and will be complemented by and align with detailed action plans for each service area.

B. Ofsted Recommendations

The priorities for improvement identified in the Ofsted report are:

- 1) Social work capacity and allocation of cases
- 2) The quality and timeliness of responses to referrals, including strategy discussions and child protection enquiries
- 3) The quality and consistency of management oversight and challenge by independent reviewing officers (IROs)
- 4) Sufficiency of accommodation including the range of accommodation options for care leavers
- 5) The quality and accuracy of performance reporting and quality assurance activities
- 6) The quality of responses to children and young people who are at risk of being homeless and children on the edge of care

The voice of children and their families is essential to ensure that we understand and are responsive to their views and therefore is added as an additional priority:

- 7) The voice of children and families

This plan is designed around these key improvement priorities and outlines what needs to be done, by when, and what the changes will be. It will support delivery of our aspirations to provide excellent services leading to improved outcomes for children and their families.

C. Governance

The Director of Children and Families will lead on the delivery of the plan and update as appropriate. Progress against the objectives will be monitored at the twice monthly improvement board chaired by the Executive Director of Children’s, Adults and Public Health and will be reported up to the Senior Leadership Team, the Chief Executive and Leader Quarterly Safeguarding meeting and to the Leader and relevant Portfolio holders on a monthly basis at the Budget & Improvement meeting. Additional scrutiny will be sought through the Scrutiny Panel Process in 20/21. Ealing Safeguarding Children Partnership will be engaged as active partners in contributing to the development and implementation of the Plan.

D. RAG Key

RAG	B	G	A	R
KEY	Action completed	Good evidence of progress against plan / actions on track	Limited evidence of progress / action unlikely to meet timescale, but plan in place.	No evidence of progress / action will not be delivered in timescale/ multiple actions outstanding.

E. Areas of Improvement and Actions

1. Increase social work capacity and ensure appropriate and timely allocation of cases.

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
1.1	<p>We will clarify practice expectations and implement standardised, consistent practice across the service.</p> <p>This will be done by revising the CIN processes, implementing team-based training and development and through reinforcement in weekly performance clinics.</p>	<p>Staff demonstrate clear understanding of revised 'Timescales & Standards' guidelines.</p>	<p>Mock inspection Audit activity</p>	<p>Outcome of mock inspection supports that staff demonstrates understanding</p> <p>70% of case files audited demonstrate improved timescales & use of practice tools</p>	<p>Head of CIN/ Quality Assurance Officer/ Head of Safeguarding/ Director, Children & Families</p> <p>Apr 2020</p>	<p>Document revised in Apr 2019 and further review planned by Jan 2020.</p> <p>Revised guidelines to go out with new audit cycle in May 2020.</p>	A
		<p>Social workers demonstrate consistent use of relevant practice tools to assess risk for children and families and evidence</p>	<p>Audit activity</p>	<p>70% of case files audited demonstrate improved timescales & use of practice tools</p>	<p>Head of CIN/ Director, Children & Families</p> <p>May 2020</p>	<p>Work is currently in progress to make explicit the expectations around risk assessment tools in the new CIN guidance.</p> <p>Launch of new CIN guidance planned for end of Jan 2020.</p>	A

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
		the impact on outcomes.		90% of case files audited	Head of CIN/ Director, Children & Families Oct 2020		
1.2	We will ensure robust management oversight of timescales across service areas through supervision, weekly performance clinics and use of accurate performance data.	Referrals into Ealing and timelines for allocations are within statutory and internal timelines.	Mock inspection Audit activity Minutes from weekly performance clinics.	65% (Apr)/ 90% (Oct) of cases are allocated within 24h	All Heads of Service Apr 2020 Oct 2020	Weekly performance clinics have started. Accurate performance data is expected by end of Dec 2019.	A
1.3	We will revise the structure of the EDT team and consider the implications of revised model in partnership with Hounslow. (Ealing provide Hounslow’s EDT service) Agree any service & resource changes for Hounslow EDT service.	The new EDT structure will ensure sufficient capacity and the ability to always offer direct work where needed.	Audit activity and weekly EDT business reporting demonstrate appropriate social work capacity.	All children at safeguarding risk are seen (priority 1).	EDT Manager Apr 2020	The SAFE Operations Manager is reviewing daily children’s cases that have come in overnight. All children accommodated are being visited by the EDT. A new template has been implemented to provide better focus on children’s safeguarding practice. Additional children’s social work capacity is in place.	G
				80% of EDT audits rated as good.	EDT Manager Apr 2020		
				Audits demonstrate effective use of strategy meetings.	EDT Manager Apr 2020		

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	RAG
1.4	With a focus on the balance between social workers and family support workers, we will ensure that teams’ skill mix is appropriate to ensure that all cases are allocated to the correct type of practitioner.	The balance and skill mix within teams is appropriate and supports effective safeguarding and lower caseloads.	<p>FSW role reduced by 12 posts and social worker role increased by 12 posts.</p> <p>Mosaic caseload allocations report</p>	<p>All MAST teams have new structure in place according to phased timescale.</p> <p>Realistic target for caseloads to be determined using throughput model.</p>	<p>Head of CIN/ Director, Children & Families</p> <p><i>Phase 1</i> Greenford/Act on Jan 2020</p> <p><i>Phase 2</i> Adolescents Feb 2020</p> <p><i>Phase 3</i> Central Apr 2020</p> <p>Caseload targets Mar 2020</p>	<p>Consultation undertaken & plan agreed with FSW/DTMs on 28th Nov 2019.</p> <p>FSW changes enabled by progression of FSW onto SW training courses as part of ongoing recruitment & retention strategy.</p> <p>Greenford/Acton are in the process of recruiting social workers to fill FSW vacancies by Jan 2020. For MAST Central, between Jan-Apr 2020 planned review of vacancies across the service to accommodate staff re-allocation.</p>	A

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
1.5	We will ensure that consistent group case and 1:1 supervision is embedded in practice and monitored through supervision audit activity, weekly performance clinics and management development training. This will consistently support quality of practice.	1:1 supervision takes place consistently & case records reflect evidence of effective management oversight.	Workers receive 1:1 supervision monthly as evidenced in performance clinics, audit activity and staff forums.	100%	All Heads of Service Ongoing from Jan 2019	Regular audits of 1:1 supervision to evidence the impact of staff development as part of the audit cycle carried out by the Heads of Service Training and Development, started August 2019, next audit February 2020. Ensure WLA supervision training and suite of management training is available for the WLA for new and aspiring managers to attend, programmes available in 2019, new brochure available in April 2020. Performance clinics to be fully implemented across the service in Jan 2020. In SAFE, DTMs present performance overviews in SAFE Leadership meetings once a month. Improvement in Files reflecting regular supervision as per SAFE protocol. SAFE protocol to be updated to support the need for a change in how regular case supervision takes place (increased to bi-monthly).	A
1.6	We will use accurate up to date data to assess thresholds and allocations in the system by means of the implementation of a robust throughput model.	Service areas effectively utilise throughput model to monitor demand and inform decision-making. Volume and demand in the social care system are managed effectively.	Audit activity Supervision Dip sampling Mosaic reports	N/A	All Heads of Service/ Director, Children & Families/ Performance Information Manager Mar 2020	Weekly performance clinics up and running, supporting manual gathering of data. In ECIRS, Business Objects report audited daily to monitor allocations and timescales to maintain management oversight. Deputy Team Managers are being trained to utilise this report for decision-making. The Performance Management Team is currently gathering available data.	A

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	RAG
1.7	We will review the structure and social work practice in ECIRS to improve the team’s effectiveness and efficiency	Timelines for making contact with families are in line with need as reflected by RAG ratings.	RAG rating Mosaic reports	90% of cases show that contact was made in line with RAG ratings.	Head of CIN/ ECIRS Service Manager/ Director, Children & Families April 2020	Mosaic team working to develop RAG report. ECIRS staff are undergoing training to improve performance on this. Current performance is at 70% and efforts are underway to increase this to 90%.	A
		The MASH partnership effectively involves partners in health, the police and the Ealing Safeguarding Partnership.	The MASH partners meet daily in the MASH hub. Audit activity demonstrates effective joint decision-making recorded in case files.	100% of MASH hub cases clearly reflect joint MASH partnership decision-making.	Head of CIN/ ECIRS Service Manager/ Director, Children & Families Feb 2020	Initial discussions with ESCP to agree plan The MASH hub is meeting daily with very effective joint decision-making with partners from Health and the Police. A review of partnership working will be undertaken in Jan 2020 to expand on this by increasing face-to-face engagement with some of our virtual partners.	G

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
		<p>Management oversight is clear with documented evidence and rationale for decision making and safety planning in all service areas including the MASH partnership.</p>	<p>Audit activity shows evidence of management oversight recorded in the child and family enquiry and the case file.</p> <p>Performance reports show decrease in referrals to MAST and decrease in % of NFAs in assessments. This will be further supported by the creation of the DA hub (see below).</p>	<p>100% of case records audited show management oversight</p>	<p>Head of CIN/ ECIRS Service Manager/ Director, Children & Families Jan 2020</p>	<p>MOSAIC team is currently working on changes that will ensure that managers record decisions and information about the child and family enquiry as intended. This change is planned to be completed by Dec 2019 and will maintain the integrity of the management oversight on all cases.</p>	A
		<p>Domestic Abuse Hub is created with additional resources to provide a more dynamic, timely and specialised response to domestic abuse at the front door.</p>	<p>Families will be provided targeted response at earlier stage.</p>	<p>Audits demonstrate increased understanding of domestic abuse at the front door</p>	<p>Head of CIN/ Director, Children & Families Apr 2020</p>	<p>Planning workstream has been set up to determine next steps regarding targets, training, recruitment, resources and partnerships.</p> <p>Funding for additional resources needed expected via Troubled Families resource for Apr 2020.</p>	A

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
1.8	We will review Private Fostering practice to ensure the service is sufficiently robust.	Increased awareness and identification and referrals of Private Fostering arrangements by professionals and families in the borough.	Audit activity Action plan in place and monitored at 6-weekly steering groups and Sr. Mgmt. Improvement Plan meetings. Annual report on private fostering services shared with ECSP.	N/A	Head of Leaving Care/ Director, Children & Families Sep 2020	Action plan updated in line with Ofsted recommendations in Nov 2019. Six-weekly steering group meetings scheduled for 2020. Partners have been invited to next meeting in Jan 2020 to provide input into the communication plan. Current E-learning training programme has been shared with foster carers for adaptation. Private foster carer support group took place in July, next one scheduled for Mar 2020. Private Fostering included in audit since Oct 2019 and Heads of Service will start reviewing during next audit cycle in Jan 2020.	A
		Staff demonstrate clear understanding of obtaining parental consent for private fostering arrangements.	Audit activity	N/A	Head of Leaving Care/ Director, Children & Families Dec 2019	Completed	G

2. Improve the quality and timeliness of responses to referrals, including strategy discussions and child protection enquiries.

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
2.1	We will ensure full compliance, quality of practice and timescales across service areas. This will be done by embedding robust management oversight and recording of decisions by means of weekly performance clinics and team-specific training and development.	Referrals into Ealing and timelines for completions of CFAs as well as visits to children are within statutory and internal timelines.	Audit activity	85% (Apr) / 90% (Oct) of CFAs are completed within 45 days	Head of CIN Apr 2020 Oct 2020	<p>Weekly performance clinics have been running since Dec 2019.</p> <p>Management workshop session for all social care team managers and deputy team managers scheduled for 8th January 2020.</p> <p>For MAST, noted performance improvement for Central. However, Greenford, Acton and Adolescent still require improvement and aim to have all CFAs up to date by 24/12.</p> <p>For CONNECT, currently identifying scale of challenges and additional resources needed. CLA management meeting held in Dec 2019 to establish expectations and best practices around visits to children.</p> <p>For Leaving Care, current performance for visits to be determined by end of December, after all December performance clinics have been completed.</p>	A
				85% of visits to children are completed within 10 days (CP) or 20 days (CIN).	Head of CIN Apr 2020		A
				90% of visits to CLA are completed within timescales	Head of CLA Apr 2020		A
				85% of visits to Care Leavers are completed within timescales.	Head of Leaving Care Apr 2020		A

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
		The balance and skill mix within teams is appropriate and supports effective safeguarding and lower caseloads.	Audit activity Mosaic caseload allocations report	N/A	All Heads of Service Ongoing from Jan 2020	Management workshop session for all social care team managers and deputy team managers scheduled for 8th January 2020. For CIN, starting in Jan 2020 running monthly practice sessions for DTM, providing mentoring and coaching on highlighted practice themes (such as supervision) for a period of six months. We are looking to replicate this approach in other service areas.	G
2.2	We will improve the quality and timeliness of strategy discussions.	Strategy discussions take place for all children at high safeguarding risk with effective involvement of partners, within established timelines and are appropriately recorded in the case files.	Audit activity	100%	All Heads of Service / Director, Children & Families Apr 2020	Teams have clear understanding of timescales and are demonstrating improvement in meeting timescales for strategy meetings. Expectations on strategy meetings will be included in strategy meetings by Apr 2020. Discussions with partners have begun to agree change in practice. In order to ensure that strategy discussions are recorded correctly and clearly on the child’s file, there is joint work with Mosaic team underway to adapt Mosaic to ensure workflow is user-friendly. First Mosaic representative group planned for Jan 2020.	A

3. Improve the quality and consistency of management oversight and challenge by independent reviewing officers (IROs).

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
3.1	We will manage the performance of the existing externally commissioned IRO service by means of contract and performance monitoring meetings to ensure current performance improves whilst we undertake a full review of the longer-term provision of the service.	A high quality and responsive and child focussed IRO service is in place	C&F satisfaction on reviews	Review on effectiveness of IRO service completed and agreement on timescale for subsequent plan.	Head of Safeguarding/ Head of CLA/ Head of Leaving Care/ Commissioning Team Sep 2020 Apr 2021	Contract management meetings have flagged with AIDHOUR the improvements needed. Currently reviewing the improvement journey of Kingston and adapting it to our context. Planning for procurement and implementation of audio recording technology in progress for CP conferences. Improvement work for CP conferences will inform the review of IRO services.	A

4. Increase sufficiency of accommodation, including a range of accommodation options for care leavers.

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
4.1	We will refocus the care leaver local offer to ensure clarity around our council tax exemption and review and refresh the accommodation offer.	Care leavers have full awareness and understanding of their entitlement regarding council tax and receive a consistent approach regarding exemptions.	Care leavers are aware of their entitlement for Council Tax exemption and supported to claim, resulting in reduction of number of young people with arrears in reports from leaving care monthly funding panel.	0%	Head of Leaving Care/ Director, Children & Families Mar 2020	Meeting to review policy with managers set up for 20/12/19.	A
		Policy for use of risk assessments and visiting frequency in relation to all placements will be revised, implemented and monitored for effectiveness.	Revised policy in place	N/A	Head of Leaving Care/ Director, Children & Families Jan 2020	Plan in place to be completed in Jan 2020.	G
		Referrals for new placement type will be required to include updated risk assessment in order to be processed by ART team.	Number of referrals for new placement type include updated risk assessment in Mosaic.	100%	Head of Leaving Care/ Director, Children & Families Jan 2020	Provisional agreement with ART team on process. Further meeting set up for 23/12/19.	G

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
4.2	We will improve the quantity and quality of housing options for LAC, UASC and care leavers. This will be done by agreeing a council-wide approach to quota housing and by working with WLA and providers to ensure sufficiency and quality of semi-independent accommodation.	We will have better quality and range of provision for LAC, UASC and care leavers and have confidence in the quality of the unregulated options in partnership with WLA and providers.	Increased quota housing available to care leavers through engagement of key stakeholders.	To be confirmed in stakeholder discussions	Head of Leaving Care/ Director, Children & Families/ Director, Safer Communities & Housing / WLA Dec 2019	Head of LC to provide full report and recommendations by end of Dec to inform future sufficiency strategy. Meeting with Director, Children & Families and Director, Safer Communities & Housing to be set up in Jan 2020 to review provision of quota housing to care leavers.	A
			Improved standards of semi-independent provision through quality assurance accredited scheme of WLA.	To be confirmed in stakeholder discussions	Head of Leaving Care/ Director, Children & Families/ Director, Safer Communities & Housing / WLA Mar 2021	Initial engagement meeting with Head of Commissioning in Dec 2019. Joint review of quality assurance accredited scheme for semi-independent accommodation with WLA and Children’s commissioning set for in early Jan 2020. ART has completed review of semi-independent/shared facilities in care leaver accommodation.	A
		We will have an increased level of provision of Ealing Local Authority housing for care leavers.	Increased number of local small units available for care leavers.	To be confirmed in stakeholder discussions	Head of Leaving Care/ Director, Children & Families/ Director, Safer Communities & Housing Mar 2021	Meeting with commissioning and key providers to discuss accommodation needs in early 2020.	A

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
		Feedback from young people will evidence higher satisfaction with accommodation.	Satisfaction surveys will be ongoing throughout 2020 and will be triangulated with young people’s feedback from pathway plans.	80% of care leavers state overall satisfaction with their accommodation in online survey.	Head of Leaving Care/ Director, Children & Families Mar 2021	Will commence in early 2020.	A
4.1	We will enhance care leavers preparation for adulthood by ensuring pathway plans are of a high quality and developed in partnership with young people.	Young people have access to their health histories, consistent planning around their education post-16 and strong relationships with their workers.	Care leavers have received their health passport within 6 weeks of their final LAC health assessment.	100%	Head of Leaving Care/ Director, Children & Families Mar 2020	Gaps in process identified with medical advisor in Nov 2019. Health panel in early Dec reviewed the changes for the process and agreed a revised timeline to Mar 2020. This will include an update of the procedure, a briefing to Leaving Care staff and a system of monitoring compliance. 100% of 18 and 19-year olds have received a copy of their health passports.	G
			Following a reconfiguration of the Leaving Care service, pathway plans are reviewed in meetings chaired by a manager.	100%	Head of Leaving Care/ Director, Children & Families Apr 2020	Team managers were consulted on changes on 03/12/19. Draft proposal for restructure has been completed.	A

5. Achieve quality and accuracy of performance reporting and quality assurance activities.

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	RAG
5.1	We will ensure that robust performance reports are delivered by implementing phases 1 and 2 of the corporate Performance Management Improvement Project.	Governance and resources are in place to enable the performance improvement project, including recruitment of data quality team and	Internal and external resource needs identified and in place.	N/A	Director of Strategy & Engagement/ Director ICT, IDM, & Property Services/ Director, Children & Families Jan 2020	Engagement with best practice peers and private sector market to understand options. Preferred partner identified. Project Governance agreed. Existing contractor roles extended to provide continuity.	A
		A robust grip on operational management and statutory reporting requirement is achieved	Priority reports developed. Monthly performance data reporting in place Weekly performance data provided to managers at all levels of the service. Year-end performance reporting can be delivered effectively.	N/A	Director of Strategy & Engagement/ Director ICT, IDM, & Property Services/ Heads of Service/ Director, Children & Families March 2020	Minimum reporting requirements being reviewed Priority ‘tactical’ workflow improvements being identified for decision.	A
		Full compliance of Mosaic users results in	Audit activity of Mosaic reports Weekly Performance Clinics	90%	Director of Strategy & Engagement/	Joint work with Mosaic team underway to adapt Mosaic to ensure workflow is user-friendly. First Mosaic representative group planned for Jan 2020.	A

		to up to date, accurate case records.	User group established		Director ICT, IDM, & Property Services/ Heads of Service/ Director, Children & Families Mar 2020	Weekly performance clinics in place.	
		Long term vision for MOSAIC usage and performance reporting agreed and roadmap to get there.	Structured assessment of workflow problem areas Clarity on preferred architecture for performance reports Timetable covering – move to hosted and group-based records	N/A	Director of Strategy & Engagement/ Director ICT, IDM, & Property Services/ Heads of Service/ Director, Children & Families March 2020	Preferred partner identified to support work via system ‘health check’	A
5.2	We will conduct a structured review of the vision, people, process, technology and organisational factors of Performance Management by implementing phase 3 of the Performance Management Improvement Project.	First class performance management and business intelligence are achieved Improved user engagement and confidence in the system	Vision and expectations defined. Review of governance and performance management completed. Consideration of capacity to deliver against vision Any structural changes completed.	N/A	Director of Strategy & Engagement/ Director ICT, IDM, & Property Services/ Director, Children & Families Phase 3: Mar 2021	Scoping underway including wide engagement in the sector to understand best practice. ‘Health check’ review which will provide baseline in procurement.	A

		Greater efficiency and productivity through simplified and effective process	<p>Review of all reports in report library completed. All priority workflows reviewed r.</p> <p>Migration of reports to preferred architecture where appropriate</p> <p>Training and user guidance on new reports.</p> <p>Ongoing data quality governance process in place.</p>				
5.3	Ensure mandatory Mosaic training is available and completed by all staff.	New Mosaic training modules are available and 100% of Mosaic users attend relevant training and development sessions.	<p>Attendance monitored by CPD records</p> <p>Impact monitored by audit activity</p>	<p>All new Mosaic modules available.</p> <p>100% of Mosaic users attend relevant training and development sessions.</p>	<p>Head of Training & Development/ All Heads of Service/ Director, Children & Families</p> <p>May 2020</p>	Programmes in development in conjunction with the quality assurance staff.	A
5.4	Management oversight will ensure that work is recorded in a timely and accurate way in the system and action is taken swiftly if quality, consistency,	Social work practice will be of a consistently high standard, as evidenced in accurate, up to date case recording.	<p>Weekly performance clinics</p> <p>Audit activity</p>	90% audit completion compliance	<p>All Heads of Service</p> <p>Mar 2020</p>	<p>Management workshop session for all social care team managers and deputy team managers scheduled for 8th January 2020.</p> <p>In ECIRS, expectations of key principles and quality of practice are being clarified, including understanding and recording rationale for overriding consent.</p> <p>In MAST, expectations on documenting work in case files are being included in new CIN guidance.</p>	A

	<p>or compliance are not of a high standard. This will be strengthened by weekly performance clinics, regular supervision and accurate performance reports.</p>	<p>Permanency Tracker is in place and used as intended to track timescales and address delays and other gaps in permanency planning.</p>	<p>Permanency Planning Panel has Terms of Reference in place.</p>	N/A	<p>Head of CLA Jan 2020</p>	<p>Initial draft of terms of reference to be completed in early Jan 2020.</p>	A
			<p>Permanency cases are monitored and escalated as needed to Permanence Panel.</p>	N/A	<p>Head of CLA Mar 2020</p>	<p>Permanency tracker is capturing all current CLA and updated on a weekly basis. Enhanced utilisation is dependent on completing terms of reference and implementing new process.</p>	A
5.5	<p>We will review and refresh the audit cycle, leading to a better understanding of the work in the system and consequently to continuous improvement.</p>	<p>Learning events from multi-agency audits will be held, feeding into ESCP training and development subgroup within the governance of the children’s safeguarding partnership.</p>	<p>ESCP subgroup minutes Inclusion in training offer for ESCP multi-agency partners.</p>	N/A	<p>Head of Safeguarding/ Head of Training & Development Mar 2020</p>	<p>First learning event set for 10th Feb 2020 and to be continued at least quarterly thereafter.</p>	A

6. Improve the quality of responses to children and young people who are at risk of being homeless, and children on the edge of care.

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
6.1	We will review and strengthen pre-proceedings processes.	Legal planning meetings take place in a timely manner.	Audit activity Pre-proceedings tracker Legal Proceedings Panel minutes Feedback from legal team	100% of legal planning meetings take place in a timely manner.	CONNECT Team Manager / Head of Legal Services/ Head of CLA Jun 2020	On track and ongoing	G
		Legal Proceedings Panel tracker is improved, regularly updated and incorporated into care planning process.	Audit activity Terms of reference for legal proceedings panel Legal proceedings panel minutes Legal proceedings tracker	Tracker fit for purpose and used at 100% of Legal Proceedings Panel Meetings.	CONNECT Team Manager/ Head of CLA Jan 2020	Tracker currently being revised for implementation Jan 2020.	G
		Pre-proceedings letters and minutes of meetings are uploaded to mosaic within 48 hours of date of letter/meeting.	Audit activity	100% of letters and minutes uploaded within 48 hours.	CONNECT Team Manager/ Head of CLA Feb 2020	Staff have been informed of new timescales in Dec 2019.	G
		Pre-proceeding letter is revised to ensure better and more meaningful engagement of families in in the PLO process.	PLO letter template	N/A	CONNECT Team Manager/ Head of CLA Feb 2020	Meeting with legal team set for early Jan 2020.	G

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
6.2	We will improve the quality of accommodation options for families with no recourse to public funds or at risk of homelessness by reviewing both the quality of accommodation and means by which to resource it.	Children and families will live in accommodations appropriate for their needs.	Review of the financial impact of service acting as guarantor vs paying block rental payments has been conducted.	Review of the financial impact of service acting as guarantor vs paying block rental payments has been conducted.	Head of Leaving Care/ Director, Children & Families/ Director, Safer Communities & Housing Feb 2020	Meeting with Housing team planned in Jan 2020 to determine next steps.	A
			Families will be placed in accommodations appropriate to their needs.	Families will be placed in accommodations appropriate to their needs.	Head of Leaving Care/ Director, Children & Families/ Director, Safer Communities & Housing Apr 2020	Meeting with Housing team planned in Jan 2020 to determine next steps.	A
6.3	Review the AROH process in order to ensure consistent decision making of 16- & 17-year olds at risk of homelessness.	Young people at risk of homelessness will be appropriately supported in a consistent way.	Audit activity and minutes from AROH panel evidence consistent decision-making for all 16 and 17-year-olds.	100%	Head of Leaving Care/ Director, Children & Families Mar 2020	Ofsted recommendations discussed with panel member on 26/11/19. A full review of AROH panel scheduled for 16/01/20.	G

7. Seek, represent and listen to the voices of children and families

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
7.1	Children and families are consistently informed about and involved in procedures, decisions, concerns and plans at key points of their journey through the social care system.	CIN review points use newly created template to ensure capturing views of children and families on the CIN plan and interventions, similar to processes used in CP conferences.	Audit activity of case files	N/A	Head of CIN/ Head of Safeguarding December 2019	New CIN Plan now added to mosaic. Training has been offered to managers and teams.	A
		Monitoring process for participation and engagement of children/young people in CP conferences is developed and participation is actively encouraged where appropriate.	Audit activity of case files Supervision	N/A	Head of CIN/ Performance Information Manager March 2020	Meeting arrange with Head of safeguarding to discuss process in place for CP and how this can be mirrored in CIN.	A
		Participation of children/young people is consistently monitored in LAC reviews and continues at high levels of engagement.	Audit case files and supervision activity Mosaic performance reports Surveys with children and families	100% reviews include participation code 90% of meaningful participation	Head of CLA/ Head of Leaving Care/ Head of CIN Mar 2020	Participation is at 87% for FY 2018/19.	G

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	RAG
		Children/young people make use of independent visitors where appropriate.	Use of independent visitors/advocates where request is documented in LAC reviews and pathway plans.	N/A	Head of CLA/ Head of Leaving Care/ Head of CIN Mar 2020	Meeting planned with AIDHOUR in Jan 2020 to ensure they hold the need of independent visitors/advocates if children/young people want it during reviews.	A
		Children and Young People benefit from high quality IRO plans, which ensure that the voice of the child is heard.	Audit activity	100% and IRO plans are of high quality.	Head of CLA/ Director, Children & Families/ Children’s Commissioning Team/ AIDHOUR Mar 2020	Dependent on the work to review IRO processes (see 3.1)	A
		Feedback form created for young people in AROH panel to capture their understanding and satisfaction with the decision-making process.	Changes to practice based on feedback received	N/A	Head of Leaving Care Mar 2020	Meeting set up for Jan 2020 to devise feedback form.	A
		During pathway plan reviews, managers explicitly seek the views of young people on their satisfaction with accommodation.	Format of pathway plans changed.	100%	Head of Leaving Care Apr 2020	Meeting set for January 2020 to revise format to include care leavers. Present to change control board in Jan 2020 meeting with care leavers and steering group.	A

	Improvement	Outcome	Evidenced By	Target	Lead & Timescale	Progress to Date	R A G
	Outcome measures tools and surveys are systematically used to capture the voice of children and families and integrate the results into service planning and to ensure that we use that continue to develop and improve our practice.	Audits demonstrate that social workers complete relevant outcome measures tools as appropriate.	Audit activity Mosaic performance reports	As established in team-level action plan.	All Heads of Service/ M&E Officer Mar 2020	Gaps in utilisation identified. Refresher trainings scheduled for Q4 19/20. Change requests submitted to Mosaic teams where needed. Enhanced reporting dependent on Mosaic reporting capabilities.	A
		Teams conduct satisfaction surveys with children & families as appropriate and meaningful for their service area.	Survey documentation	As established in team-level action plan.	All Heads of Service Dec 2020	SAFE is already conducting annual satisfaction surveys. Other teams are currently deciding on how and when to conduct surveys in 2020.	A

F. Glossary of Terms and Abbreviations

AIDHOUR	External Safeguarding & Child Protection Services (contracted for IRO services)
AROH	At Risk of Homelessness
ART	Access to Resources Team
Business Objects	Corporate Business Intelligence Software
CFA	Child and Family Assessment (used by Children's Social Care Locality Team)
CONNECT	Teams Supporting Children Looked After
CIN	Children in Need
CLA	Children Looked After (also LAC, Looked After Children)
CP	Child Protection
DTM	Deputy Team Manager
ECIRS	Ealing Children's Integrated Response Service
EDT	Emergency Duty Team
EHAP	Early Help Assessment and Plan
FSW	Family Support Worker
ICT	Information and Communication Technology
IDM	Information and Data Management
IRO	Independent Review Officer (Social Care)
ILAC	Inspection of Local Authority Children's Services
MASH	Multi-Agency Safeguarding Hub
MAST	Multi-Agency Support Teams
Mosaic	Social Care Data System
LAC	Looked After Children (also CLA, Children Looked After)
LC	Leaving Care
OFSTED	Office for Standards in Education, Children's Services and Skills
Pathway Plan	Care Plan detailing the services and support needed by care leavers
SAFE	Supportive Action for Families in Ealing (Early Help)
SW	Social Work / Social Worker
TM	Team Manager
UASC	Unaccompanied Asylum-Seeking Children
WLA	West London Alliance