

Wokingham Borough Council
Children's Services
ILACS Improvement Plan
December 2023



1. ASSESSMENT

Improvement Lead:

Estelle Kelleway, Service Manager, Safeguarding

Core focus of improvement work:

The timeliness of assessments of children's needs.

Issues identified from the March 2023 ILACS:

- **The pace of decision making:** *When information suggests that children are at lower levels of risk, the pace of progress of contacts and subsequent decision-making is often slow.* (Paragraph 1)
- **Managerial case direction:** *In the MASH, written case direction by managers at the point of allocation is minimal. Staff are not provided with clarity about what activity is required or timescales for the completion of information-gathering.* (Paragraph 1)
- **Timeliness of Strategy Meetings:** *...there are delays in arranging [Strategy] meetings for some children, both in the MASH and in the assessment service.* (Paragraph 3)
- **The pace of assessments:** *Many assessments are not completed swiftly enough. This delays decision-making and subsequent support.* (Paragraph 5)

Objectives:

- Contacts, referrals and assessments are progressed in a timely manner, proportionate to the level of risk to the child - and management data evidences performance in this regard.
- Management oversight and direction is evidenced on the child's file at the point the contact is received and at key decision making points. This oversight provides clarity with regard to what is required of practitioners, and the timescales for doing so.

1.1. Improving the timeliness of Child and Family Assessments

Summary of actions completed:

- Internal processes revised within the Referral & Assessment (R&A) Team to help drive performance in the completion rate of CFAs - including Day 25 supervision; Daily allocations meetings; and a new expectation for ATMs to produce weekly CFA plans within their team. **(April 2023)**
- Child and Family Assessment Completion Rate added as a corporate KPI, with agreement that our target compliance rate will be 85%. **(April 2023)**
- Creation of a new data set to provide the R&A Team Manger with improved oversight of barriers to increased compliance, broken down by worker and team - allowing for more focused responses. **(October 2023)**

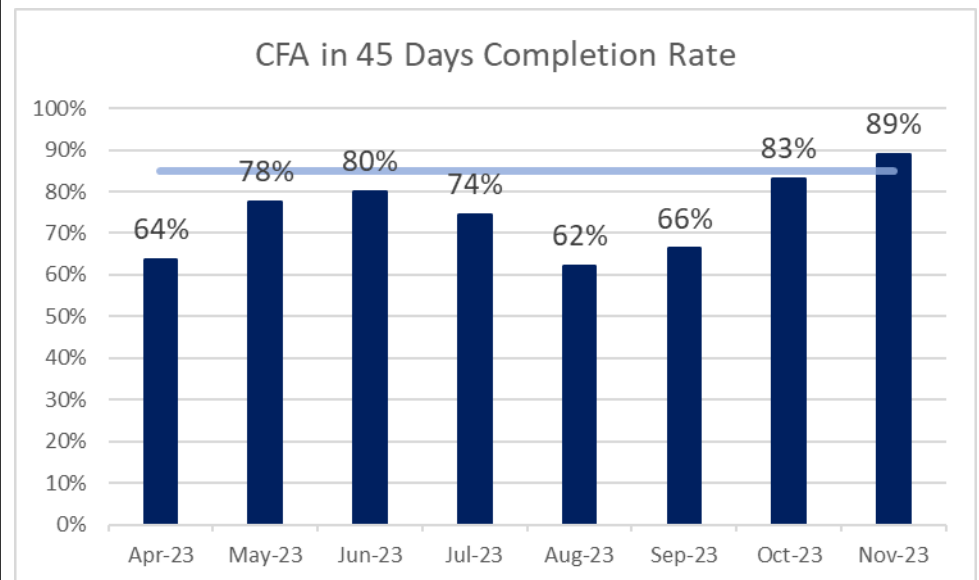
Summary of ongoing actions and/or future work:

Our key improvement activity under this action has now been completed. An ongoing commitment is in place to report latest performance data to the Improvement Board in order to monitor progress and ensure improvements are sustained.

Evidence of impact

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- **Staff Feedback:** Feedback from the R&A Team Manager has indicated that the changes to team processes made in April 2023 have continued to have the desired impact. Day 25 supervisions are providing an effective mechanism to address issues about timescales earlier, and the use of daily allocation meetings mean that assessments can commence more promptly.
- **Performance Data (see right):** Although we have had variable figures over the summer of 2023, performance has recently improved. Figures for October were finalised at 83%, and the provisional November total is 89%. Front Door figure is 91%.



1.2 Improving the timeliness and pace of decision making within the MASH

Summary of actions completed:

- Revised timescales and RAG rating system for processing contacts in the MASH drafted - seeking to provide a more appropriate differentiation of risk, and to allow for a better understanding of whether contacts - including lower risk cases - are progressing with appropriate pace. (New framework to consist of a 4-hour timescale for strategy discussions for CP Referrals that meet threshold; 24-hour timescale for contacts that meet threshold for CP, or meet threshold for CFA; and a 72-hour timescale for all other contacts **(June 2023)**)
- New framework presented and signed-off at CDLT **(July 2023)**

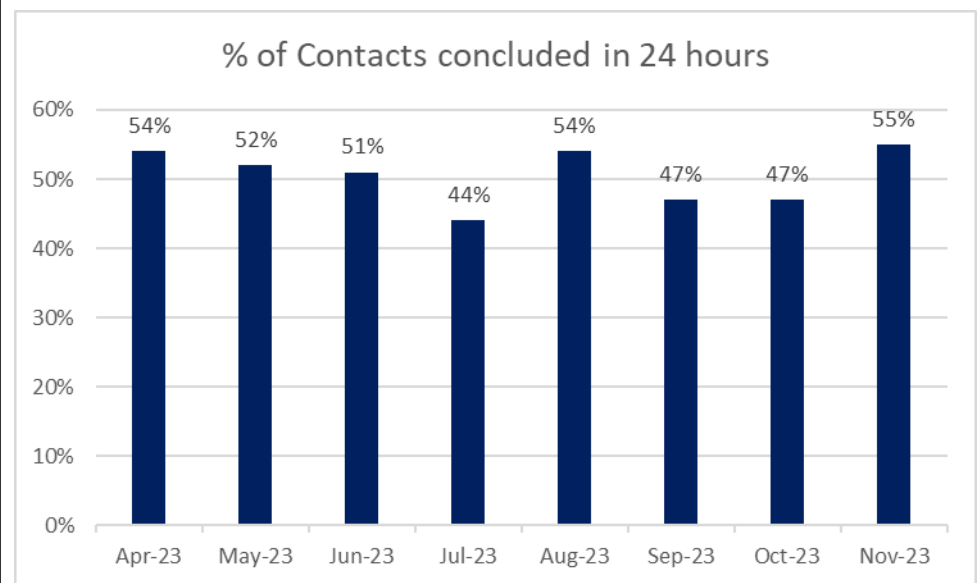
Summary of ongoing actions and/or future work:

- MOSAIC and Reporting Proposal to be agreed in order to implement new framework in early 2024, including new Contact/Referral form **(December 2023)**
- Meetings to take place with MOSAIC & Performance Teams to finalise plans for implementation of new framework. **(January 2024)**
- Roll out of new framework. **(February 2024)**

Evidence of impact



- **Performance Data:** Once new MASH timescales are implemented in early 2024, we will be able to review our impact via the new strands of performance data that this will generate. Under the revised framework, we envisage that we will have a fuller understanding of our timeliness in responding to contacts, with the data providing a more detailed breakdown of adherence to timescales against the three new categories. The current overall percentage of contacts concluded within 24 hours is presented to the right for reference, which shows a consistent picture of performance at around the 50% mark.
- **Reflective Practice Core Audits:** our revised bi-monthly Core Audit programme will regularly select a small number of cases that were opened within the last 6 months. These will each be scored under a “Contact and Referral” criteria. Amongst other lines of inquiry, auditors will consider whether contacts are responded to promptly. Results of each bi-monthly Core Audit will be reported to the Children’s Services Improvement Board, with the first round of analysis expected in **January 2023**.



1.3 Evidencing case direction at the point of contact

Summary of actions completed:

- Business Case presented and agreed at CLT for the creation of an additional management post within the MASH, in order to provide the required capacity to enable written management direction for all contacts. **(June 2023)**
- New MASH management post advertised for. **(October 2023)**
- Interviews taken place. **(November 2023)**
- Children's Services Practice Standards document updated to clarify that managerial oversight and direction should be recorded/evidenced at the point of contact for all cases. (To commence operationally once new post is appointed to) **(November 2023)**

Summary of ongoing actions and/or future work:

- Subject to successful recruitment process, new MASH Manager to be in post. **(January 2024)**

Evidence of impact

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- **Reflective Practice Core Audits:** cases opened within the last 6 months that are included in our revised Core Audit process will each be scored under a "Contact and Referral" criteria. Amongst other lines of inquiry in this section, auditors will consider whether the Manager's risk analysis, scaling, next steps, and rationale for decision were evidenced. In order to demonstrate progress against this action, results from each bi-monthly Core Audit will be reported to the Improvement Board. The first round of analysis is expected in **January 2024**.

2. PLANNING

Improvement Lead:

Sara James, Service Manager, Quality Assurance and Safeguarding

Core focus of improvement work:

The quality, clarity and timeliness of child-in-need, child protection and pathway plans.¹

Issues identified from ILACS:

- **Quality and consistency:** *Child-in-need and child protection plans are variable in quality.* (Paragraph 8)
- **Clarity and effectiveness:** *Many child-in-need and child protection plans are very long. They contain numerous objectives, and the most important concerns are not sufficiently clear. This makes them less effective in directing efforts to support progress for children.* (Paragraph 8)
- **Leadership:** *Senior leaders acknowledge that their intention to establish a clearer, simpler format for plans is taking longer to achieve than they anticipated.* (Paragraph 8)
- **Infrastructure:** *Work to provide ... a more concise template for child-in-need and child protection plans has not yet had a consistent impact on frontline practice.* (Paragraph 50)

Objectives:

- A clearer, simpler format for Child in Need and Child Protection Plans is implemented as a matter of urgency.
- Plans will be concise and SMART and outcome focused; setting out the concerns and clear objectives that must be achieved so families know what is expected of them.
- Plans will consistently set out how children's safeguarding needs will be met and how identified risks will be reduced within the timescales appropriate for the child.
- Plans will be regularly reviewed and updated and reflect the changing circumstances in the child's life.
- Social Care practitioners are confident in using the new template to develop effective, outcome-focused plans with families.

¹ For actions that relate to Pathway Planning, see Section 7 - Care Leavers

2.1 Design, implement and embed a new Child's Plan template

Summary of actions completed:

- Two new plan formats created by Practice Consultants (in collaboration with Team Managers and Cluster Groups). Feedback obtained from a sample of families on the two draft formats. **(July 2023)**
- Final amendments agreed with Service Managers, and final version progressed to Mosaic development. **(August 2023)**
- User Acceptance Testing (UAT) completed, and plan goes live. **(October 2023)**
- Workshop for TMs, ATMs & IROs on quality assuring plans in supervision delivered **(October 2023)**
- Practitioner workshops on use of the new template delivered within team meetings **(October 2023)**

Summary of ongoing actions and/or future work:

The key improvement activity for this action is now complete, however there are ongoing commitments to:

- Exemplar plans focusing on common practice themes developed and shared with practitioners **(December 2023)**
- Deliver 1:2:1 Coaching sessions for every SW prior to the first time they transpose information to new format. (48 sessions delivered as of 06.12.23).
- Deliver 1:2:1 Coaching sessions for ATMs/SWs/CP chairs after ICPC and before first Core Group Meeting. **(January 2024)**

Evidence of impact

- **Dip Sampling:** a QAST service dip sampling exercise is currently planned for the **14th of December**. This will see our team of CP Chairs “spot check” the quality of a randomly selected batch of plans. A summary report will be produced and shared with the Improvement Board in **January 2024**.
- **Thematic Audit:** impact of the new plan will also be measured via a thematic audit on planning, which will entail our team of Practice Consultants auditing ten children's plans in detail. This exercise is currently planned for **April 2024**, once the new format has been fully embedded.
- **Reflective Practice Core Audits:** all CIN and CP cases that are included within our recently revised Core Audit process will be scored under a “Child's Plan” criteria. Results from each bi-monthly Core Audit will be reported to the Improvement Board. The first round of analysis is expected in **January 2024**.

3. SUPERVISION & MANAGEMENT OVERSIGHT

Improvement Lead:

Mark Douglas, Assistant Director, Quality Assurance and Safeguarding Standards

Core focus of improvement work:

The quality and impact of frontline supervision and management oversight at all levels.

Issues identified from ILACS:

- **Effectiveness of management oversight:** *Insufficient oversight and challenge by managers limit the impact for some children on their progress and experiences; (Intro) Management oversight of children's progress and experiences is not consistently effective in enabling practitioners to address risks and concerns. (Paragraph 14)*
- **Clarity and accuracy of supervision records:** *Many supervision records are long and lack a sharp focus on the key issues for children; (Paragraph 14) When there has been change in a child's situation or when concerns increase, records do not always provide a rationale for key decisions. (Paragraph 14)*
- **Oversight of CP Plans:** *Oversight of practice for children between child protection conferences is not consistently having an impact on the children's progress. (Paragraph 14)*
- **Effectiveness of supervision:** *Supervision of frontline workers is not consistently being used to oversee and challenge the quality and impact of the help and support that is provided to children. This means that, for some children, there is some drift and delay and insufficient oversight and intervention when the support that they receive is not effective in meeting their needs. (Paragraph 57)*
- **Leadership and Culture:** *Work to provide more effective supervisionhas not yet had a consistent impact on frontline practice (Paragraph 50); The organisational culture is characterised by high levels of support, but this is not routinely accompanied by effective challenge to ensure that children make progress (Paragraph 59).*

Objectives:

- Supervision and management oversight of frontline practice is systematic, high-quality, reflective, timely and of high challenge, which drives child-centred plans and actions within timescales that are appropriate for the child.

3.1 Design, implement and embed a new Supervision template

Summary of actions completed:

- Consultation with all supervising staff conducted, focusing on how a new supervision template can provide more concise and purposeful supervision records, which also draw more attention to the supervision cycle and the need to drive plans and outcomes for children. Decision taken for the new template to have pre-populating actions from the previous session (at the top of the form), and for outstanding audit actions to be added directly to the form. **(March 2023)**
- New supervision form format rolled out to staff, with all-staff communication sent to advertise rationale of new format. **(April 2023)**
- Team Manager Supervision audit programme initiated in order to understand the impact of the new template on practice. All managers peer reviewed supervision files on a bi-monthly basis, with 52 files audited between May and September 2023. **(September 2023)**

Summary of ongoing actions and/or future work:

Following the Summary Report of the bi-monthly TM supervision audit programme, it has been agreed that:

- A further programme of TM supervision audits will begin in the New Year, to monitor impact of the template. **(January 2024)**
- Each Team Manager will also observe each of their ATM's supervision and will feedback to their Service Manager over the next 3 months **(March 2024)**.
- Further consideration will be given to simplifying the template, to meet the needs of all teams and to support timely recording of supervision. A workshop will be organised by the Service Manager for Safeguarding in order to progress and implement these changes. **(April 2024)**

3.2 Further develop managerial expertise and capacity around the delivery of supervision

Summary of actions completed:

- New supervisory training programme devised and commissioned, consisting of a *Developing Effective Supervision* training course for all managers, and a *High Challenge, High Support* workshop for senior leadership. **(August 2023)**
- Current Management and Leadership development offer for those in management roles reviewed and refreshed. Renewed focus now being provided on internal learning sets for all managers, one off workshops, coaching and access to national/regional programs at all levels. **(June 2023)**

Summary of ongoing actions and/or future work:

- The *Developing Effective Supervision* training course will run on the **5th December 2023**, as well as on the **27th & 28th February 2024**. A refresher/consolidation session will also run for participants in January, **May and September 2024**. The course will focus on understanding the key elements of supervision; how to maximise its effectiveness via reflective practice; developing a high challenge and high support approach; and using supervision to develop “smarter” and more dynamic plans.
- The *High Challenge, High Support* workshop for leaders will take place on the **13th of December 2023, 6th February 2024 and 26th September 2024**. The sessions will look at constructive challenge and building manager confidence.
- Our rolling programme of Practice Consultant Workshops will also continue to provide sessions on “*Making the most of your supervision*”. This will be a rolling programme from November 2023 onwards.

3.3 Clarify practice expectations around the use of Management Oversight

Summary of actions completed:

- Existing Management Oversight Practice Guidance reviewed and incorporated into core Practice Standards Document. New wording now clarifies that where a Management Oversight includes specific case direction, the manager should also include an indication as to when and how progress in response to that direction will be reviewed in the future. **(November 2023)**

Summary of ongoing actions and/or future work:

- Revised expectations to be communicated to operational teams following publication of latest Practice Standards Document **(December 2023)**

3.4 Improve oversight of practice for children between child protection conferences

Summary of actions completed:

- New practice expectation agreed for CP Chairs to undertake all mid-way reviews of CP Plan as of September 2023 **(June 2023)**
- New process for recording mid-way reviews within performance data agreed with Mosaic team, with recording to commence in Q3. **(October 2023)**

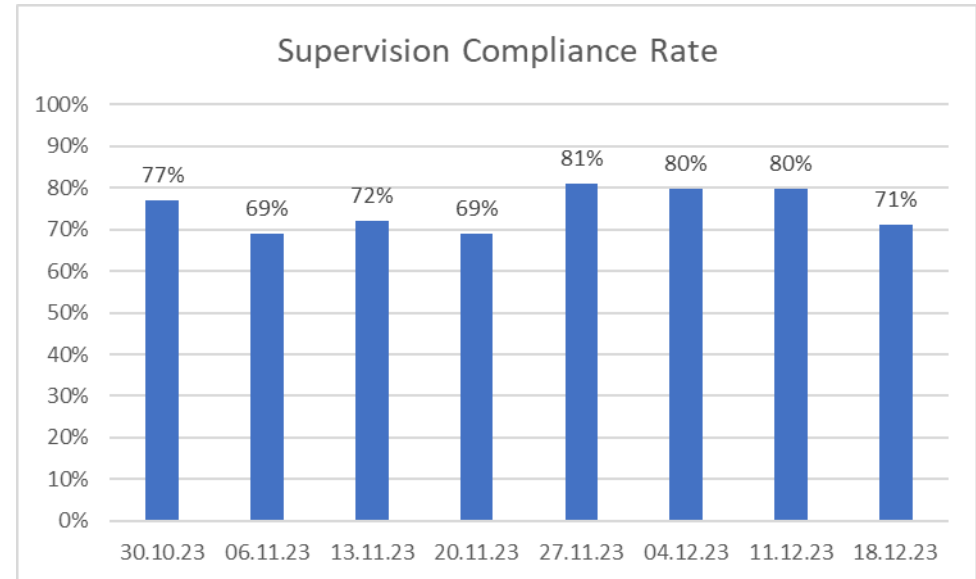
~~Summary of ongoing actions and/or future work:~~

- Data to evidence progress and impact is expected as part of our Quarterly CP reporting cycle, with the first of these expected in **January 2024**

Supervision & Management Oversight: Evidence of impact

- **November 2023 Summary Report on bi-monthly supervision audits:** In 8 of the 34 files looked at, there were no references to the child's plan and whether it was leading to changed outcomes. In 4 of the records there were no references to direct work with the child. There were 2 records where it was noted that the SW felt stuck, but where this did not appear to lead to suggestions of things to try and next steps (outside of process). The report has been used to inform future improvement activity (see above).
- **Core Audits:** Our recently revised Reflective Practice Core Audit Tool will continue to ask auditors to score cases in relation to supervision. The first round of analysis following our November audit is expected in **January 2023**.
- **Timeliness:** in terms of supervisions taking place within timescale, our compliance rate for the last 2 months is presented to the right, via weekly snapshot data. This shows a much improved (and more consistent) picture, when compared to figures recorded earlier in the year. Our average compliance rate for the last 8 weeks currently standing at 75%.

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4. RECORDING

Improvement Lead:

Isabel Prinsloo, Service Manager, Corporate Parenting

Core focus of improvement work:

The timeliness, accuracy and accessibility of children's records

Key issues identified:

- **Timeliness:** *Children's records are not always up to date.* (Paragraph 58)
- **Infrastructure:** *The systems for maintaining records are not clear or consistent. There is variation in where, and how, children's records are stored.* (Paragraph 58)
- **Permanency Planning:** *Decision-making for permanency... is not clearly articulated or consistently recorded in children's records. This makes it hard to locate and understand critical decisions that have been made for children, and may cause difficulties should children wish to access their records in later years.* (Paragraph 22)

Objectives:

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- Children's records are kept up to date across all teams, as per existing practice standards. Progress is evidenced via improvements in the compliance scores recorded as part of our quarterly core audit process.
- The new framework for document storage is delivered on time, with guidance provided to Children's Services staff as required. Staff are confident in using this new system, with documents easily accessible for both internal and external audiences. This is evidenced by the findings of future thematic audit work and/or external peer review work.
- Decision-making for permanency is consistently recorded within children's records in a clear and accessible way, meaning children are able to easily access and understand their records at a later date, should they wish to do so. Adherence to this standard is evidenced via our Core Audit cycle.

4.1 Transition to new document storage infrastructure and develop new storage processes that promote consistent practice

Summary of actions completed:

- Analysis of existing files saved under EDRMS system undertaken, in order to support migration plan to NEC DM **(August 2023)**
- Current document storage processes standardised across the Service (for existing EDRMS system), in order to promote consistent practice in advance of transition. Expectations now set out in a new section of our Children’s Services Practice Standards document. **(November 2023)**

Summary of ongoing actions and/or future work:

- Children’s Services representatives continue to attend all planning meetings in relation to the new NEC DM system, which are led by the IT Project Delivery Team.
- Executive Support Team continue to work through data cleansing to support transition. Progress to be reviewed in **December 2023**.
- In the run up to NEC DM being implemented, our Document Storage guidance for practitioners will need to be updated to reflect latest terminology/process. **(February 2024)**.

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Evidence of impact

- **Compliance Checks:** A programme of “spot checks” is planned, which will commence in March 2024 following roll-out. This has been added to the QA Forward Plan, and discussions have taken place with the Executive Business Manager about the Executive Team undertaking this work.

4.2 Ensuring that decision-making for permanency is more clearly articulated and consistently recorded within children's records

Summary of actions completed:

- New Permanency Planning Meeting Agenda rolled out, to support consistency in the recording of the child's current, parallel and permanency plan **(July 2023)**
- Strengthened weekly Permanency Planning Panel launched. A key component of this has been to secure sufficient administrative support to allow for outcomes and decision making to be recorded contemporaneously. **(August 2023)**
- Working group initiated to review the *Child in Care Plan* and *Permanency Planning Meeting* Mosaic Steps commenced. The focus of the group is on amending and aligning these two steps so that they show the short-term plan, the parallel plan and the Permanency Plan. In addition, a box will be added to show when permanency has been achieved. **(August 2023)**

Summary of ongoing actions and/or future work:

- A further meeting of the Mosaic step working group is organised for **18th December**, in order to agree next steps for this project, including timescales for making changes to Mosaic and reporting systems. Schedule for roll out TBC.

Evidence of impact

- Once revised Mosaic steps are rolled out, reports will be run periodically by Service Managers, showing the permanency plan for each child and whether they have been achieved. This will provide a routine opportunity to scrutinise progress, with summaries presented to the Improvement Board.

5. EXPLOITATION

Improvement Lead:

Kelli Scott, Service Manager, Children with Disabilities, Early Help and PYJS and **Estelle Kelleway**, Service Manager, Safeguarding

Core focus of improvement work:

The response to children who are vulnerable to exploitation.

Key issues identified:

- **Codified approach:** *There is no clearly defined approach to children who are at risk from exploitation.* (Paragraph 16)
- **Response to lower-level risks:** *When children are considered to be at a lower level of risk of exploitation, the extent of their vulnerability is not always fully understood and responded to.* (Paragraph 16)
- **Tools and expertise:** *Social workers do not have access to specialist expertise for advice and guidance.* (Paragraph 16)
- **Leadership:** *...recent action to develop an effective multi-agency response to help to reduce risks for children who are vulnerable to exploitation is still to be embedded.* (Paragraph 49)

Objectives:

- A clearly defined approach to responding to exploitation is rolled out and embedded amongst all staff. Staff feel clear and confident about its use, leading to well-coordinated responses to those at risk of harm. The impact of our newly defined approach will be evidenced via a thematic audit, with a particular focus on our response to those at lower or emerging levels of risk.
- The strategic response to exploitation will be enhanced and refined. EMRAC processes will be streamlined to promote risk focused conversations that support effective partnership disruption and safeguarding responses. All panel members and practitioners will have a shared understanding of the EMRAC process and will have had access to training that supports this.
- A transitional safeguarding response will be incorporated into the EMRAC process, with the inclusion of the 18–25-year-old cohort.
- A specialist exploitation post is appointed to. They will identify and drive best practice at a strategic and operational level and provide expert support and advice to staff as required. Staff feedback will indicate that practitioners feel well-supported in responding to the unique risks posed by child exploitation.

5.1 Develop a more effective approach for practitioners to respond to harm outside the home

Summary of actions completed:

- New HOTH process agreed by Exploitation Task and Finish group - including a move away from Children in Care having dual plans; new flexibilities in relation to the named key worker and visiting requirements; as well as the use of Contextual Safeguarding Meetings. **(August 2023)**
- Guidance document developed and agreed by Task & Finish group. Guidance published and new approach goes live. **(November 2023)**

Summary of ongoing actions and/or future work:

Key improvement activity is now complete. Future activity will focus on evidencing impact.

5.2 Improve the strategic and multi-agency response to exploitation risk

Summary of actions completed:

- EMRAC Terms of Reference reviewed **(April 2023)**
- Decision made that the partnership will adopt the use of the Home Office *Child Exploitation Disruption Toolkit*. The toolkit is now published on the Wokingham Tri.x Procedures page and has been communicated to staff, to ensure practitioners utilise it when considering the range of (legal) options available to support safeguarding/disruption activity. **(April 2023)**
- Structural changes to EMRAC meeting made, seeking to improve timeliness and the quality of discussion/impact. Changes included - increasing the length of the meeting; the weighting of the agenda according to risk; the development of risk-focused questions; and a review of the participants and the inclusion of adult safeguarding/transition leads. **(April 2023)**

Summary of ongoing actions and/or future work:

- Training for panel members on the role & function of EMRAC is currently being developed. Sessions to begin by **January 2024**.
- Training for practitioners on the role and function of EMRAC will also be developed. There is a plan to start the delivery of this training by **January 2024**.
- Work to expand the remit of EMRAC to include the 18-25-year-old cohort will commence in September 2023. The expansion requires discussion across directorates re agreement about shared resourcing of the meeting, including administration & chairing. Discussion also required as to accountabilities regarding statutory responsibilities. **(April 2024)**

5.3 Develop access to relevant exploitation expertise for practitioners.

Summary of actions completed:

- Meeting between Children Services and the Community Safety Partnership held, in order to discuss the creation of a new specialist exploitation post. Draft Job Description formulated and agreed, and funding mechanisms being explored. **(October 2023)**

Summary of ongoing actions and/or future work:

- Although in year funding has been identified, routes to securing ongoing funding are still being clarified. A plan will be presented to the Serious Violence & Exploitation Board and the Community Safety Board. HR Processes will also be followed up. **(January 2024)**

Evidence of impact

- **Thematic Audit:** In November, Practice consultants audited 10 cases where a C&F Assessment had taken place and exploitation had been marked as an outcome - but where no further action was taken by social care. A summary report of key learning is expected for **January 2024**.
- **Staff Survey:** this will focus on Practitioner confidence around the revised approach to exploitation and HOTH, as well as current use and impact of the Home Office Child Exploitation Disruption Toolkit. The survey is planned for **March 2023**.
- **Case of Concern SMT Discussions:** a monthly Cases of Concern agenda item (held as part of joint-SMT meetings) will focus in particular on the impact of adjustments made to the safeguarding process. Findings will be reported back to the Improvement Board.
- **EMRAC Reporting:** Quarterly EMRAC reporting to the Serious Violence and Exploitation Board on this subject will also be reported to DLT and the Improvement Board

Performance Data to be explored for the January Improvement Board:

- Proportion of CFAs undertaken where an exploitation risk is a contributing factor.
- Average duration of a plan where an exploitation risk has been identified at CFA
- Number of re-referrals where exploitation has been previously noted as a contributing risk via CFA.

6. NEGLECT

Improvement Lead:

Sara James, Quality Assurance and Safeguarding Standards

Core focus for improvement work:

Improving outcomes for children and young people experience neglect, who despite our long-term involvement, have not seen their situations improve.

Key issues identified:

- **Reliance on adult testimony:** *For these children, there is an over-reliance on the accounts and assurances given by adults, despite historic patterns of substance misuse and neglect. (Paragraph 7)*
- **Effectiveness in improving outcomes:** *Planning, intervention, case direction and management oversight are not effective in improving the experiences of these children. (Paragraph 7)*
- **Practice Tools:** *There is not a clear approach or use of tools to assist social workers in identifying and fully understanding the impact of long-term neglect on children. (Paragraph 7)*

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Objectives:

- A clearly defined approach to responding to neglect is rolled out and embedded amongst all staff. Staff feel clear and confident about its use, leading to well-coordinated responses to those suffering from neglect. The impact of our newly defined approach is evidenced via a thematic audit, demonstrating effectiveness across our planning, intervention, case direction and management oversight of these cases.
- As part of the above approach, new tools for identifying and responding to neglect are rolled out and made available to all social workers. Staff feedback indicates that practitioners feel well-supported in responding to the unique challenges posed by neglect.
- Our Performance framework places renewed focus and scrutiny on the duration of plans for children who are suffering from neglect, ensuring that any instances of drift or delay are identified and responded to promptly. The effectiveness of our approach is evidenced in part by a reduction in the average duration of plans for those suffering from neglect.

6.1 Implement a new approach to identifying, understanding and responding to the impact of long-term neglect on children

Summary of actions completed:

- Working group created to review the types of approaches/tools that are used nationally to respond to neglect. **(July 2023)**
- Final decision made on the approach to be incorporated within Wokingham, considering what would work well in conjunction with our existing practices and practice model. Draft screening tool and intervention tool also developed, which is aligned with existing BWSCP guidance on neglect. **(August 2023)**
- Final Neglect Screening Tool signed off via JSMT and DLT and goes live. **(October 2023)**
- Staff workshop delivered on *Affluent Neglect* by Claudia Bernhard. Session recorded and available on my learning. **(October 2023)**
- November Practice Week organised on the theme of neglect. Workshops used to promote awareness of the topic and the new screening tool. **(November 2023)**

Summary of ongoing actions and/or future work:

- Neglect Intervention Training (Skills, Strategies and Planning) to be delivered **(January 2024)**
- Practice Consultants to attend Team Meetings to raise awareness of Screening Tool and recording of training. **(January - February 2024)**

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Evidence of impact

- **Thematic Audit:** a thematic audit on the topic of neglect is planned for the summer of 2024 (once the new approach is fully embedded across our service). Practice Consultants will review 10 cases where long-term neglect has been a feature, and will produce a summary report of key learning/progress made. This will be presented to the next available Improvement Board.

Performance Data to be explored for the January Improvement Board:

- Proportion of CP Plans that have neglect as a contributing factor.
- Average duration of a plan for a child where neglect is a contributing factor.
- Number of re-referrals where neglect has been previously noted as a contributing factor.

7. CARE LEAVERS

Improvement Lead:

Isabel Prinsloo, Service Manager, Corporate Parenting

Core focus for improvement work:

Ensuring consistency in the levels of support provided to care leavers across all areas of our work.

Key issues identified:

- **Vulnerable Young People:** *...some of the most vulnerable young people with the most complex needs are not well supported.* (Paragraph 37)
- **Contact:** *A few young people do not have regular contact, nor have they been provided with sufficient cover in the absence of their allocated workers.* (Paragraph 39)
- **Out of Area Health Provision:** *For young people who are placed out of area, this presents more of a challenge, and sometimes means that there are gaps in providing the support that they require.* (Paragraph 40)
- **Local Offer:** *The local offer for care leavers is not sufficiently clear regarding entitlements and support. Some aspects of the offer remain underdeveloped, especially support to secure employment and apprenticeships.* (Paragraph 41)
- **Pathway planning:** *Pathway plans written by social workers vary in quality and some do not reflect young people's circumstances and are not reviewed frequently enough. Poorer plans are very long and refer to information which is out of date. These plans do not reflect young people's lives.* (Paragraph 42)
- **Supervision:** *The quality and timing of supervision are particularly variable, with some very long gaps and an absence of clear direction and oversight. Managers do not always help their workers to understand complex and new scenarios in order to ensure that each young person receives the necessary support.* (Para 43).
- **Housing:** *...care leavers who become homeless are not always supported quickly enough to ensure that they are offered safe and appropriate accommodation. A small number live in unsuitable accommodation, including adult hostels and hotels. Because young people are not supported quickly enough to move to suitable accommodation, this leaves them vulnerable and potentially feeling unsafe.* (Paragraph 46)
- **Staying Put:** *Care leavers perceived to be in stable 'staying put' arrangements have little contact from their advisers. Pathway plans are not always up to date, and supervision is held less frequently. This means that managers cannot be assured that placements are meeting the young person's needs.* (Paragraph 47)
- **Corporate Parenting:** *As a corporate parent, there is more work to be done to support care leavers.* (Paragraph 53)

Objectives:

- All necessary actions are taken by the Service to secure and encourage engagement with care leavers, particularly those who are deemed as vulnerable.
- Young people who are vulnerable/difficult to engage have clear action plans outlined on their file/pathway plan, with clear management oversight.
- Following a comprehensive review in conjunction with our young people, the Local Offer is clear, accessible and reflective of all entitlements.
- A new supervision policy is put in place, setting out clearer expectations around the quality and frequency of case supervision for care leavers.
- Following a comprehensive review, the Staying Put Policy sets out clearer practice expectations for the Here4U team, with new standards on the frequency of contact, case supervision and the reviewing of pathway plans for those in Staying Put arrangements.

7.1 Strengthening our response to vulnerable and not-in-touch Care Leavers

Summary of actions completed:

- Case reviews of those considered not-in-touch undertaken. **(August 2023)**
- Revised guidance on *Working with hard-to-reach Care Leavers* published **(September 2023)**
- New Practice Expectation introduced that management oversight should be on file and evidenced for all not-in-touch care leavers. **(September 2023)**

Summary of ongoing actions and/or future work:

Key improvement activity has now been completed. Remaining activity will be around monitoring compliance and reviewing impact (see below).

7.2 Improving the clarity of Wokingham's Care Leaver Offer

Summary of actions completed:

- New changes to SUA and subsistence payments agreed. **(September 2023)**

Summary of ongoing actions and/or future work:

- Local Offer to be reviewed in full and re-published **(March 2024)**
- Young people to be provided with the latest offer, with relevant changes highlighted, as part of their pathway planning. **(March 2024)**

7.3 Developing the consistency and quality of supervision across the care leaver service

Summary of actions completed:

- Meetings have taken place (and further discussions arranged) with the Performance Team to outline what data is currently available and what is needed to help drive improvement and tracking of supervision KPI's across care leaver supervision. **(September 2023)**

Summary of ongoing actions and/or future work:

- Care Leaver Supervision Policy to be developed and published, setting out new expectations. **(December 2023)**
- Dip samples to be undertaken 6 months after policy implementation, and then annually, to assess quality of supervision and compliance rates. **(June 2024)**

7.4 Improving the service offer for young people within Staying Put Arrangements

Summary of actions completed:

- Proposal for a revised Staying Put Policy presented to SMT by the Policy Team. As part of the proposal, practice expectations for the Here4U team will be made clearer around contact, case supervision and the updating of pathway plans for those in Staying Put Arrangements. **(November 2023)**

Summary of ongoing actions and/or future work:

- Final version of revised Staying Put policy to be presented to CDLT **(January 2024)** and then CLT.
- Dip sample audits to be undertaken to review compliance once new policy is rolled out and embedded. **(April 2024)**

7.5 Strengthening the effectiveness and co-production of pathway planning.

Summary of actions completed:

Summary of ongoing actions and/or future work:

- Comprehensive review of the current Pathway Plan to take place, to consider if the current format does enough to support the development of effective and concise plans, and whether it encourages sufficient co-production with young people **(April 2024)**

Care Leavers: Evidence of impact

- **Monthly performance clinic:** a new performance clinic for our Care Leaver service has been in place since September 2023, to track progress and compliance against key practice expectations across the service. The performance data set to inform this meeting is still being developed, but will be finalised shortly. **(January 2024)**
- **Thematic Audit:** a thematic audit on the Care Leaver Service will be conducted in January 2024. 10 cases will be reviewed by Practice Consultants, to review progress against the above areas of improvement, and to inform future improvement activity. A summary report is expected by **February/March 2024**.
- **Reflective Practice Core Audits:** 3 care leaver audits have been selected for inclusion in our November round of core audit work. Results against key criteria (supervision, planning and assessment) will be summarised and presented to the next available Improvement Board. Summary report expected by January 2024

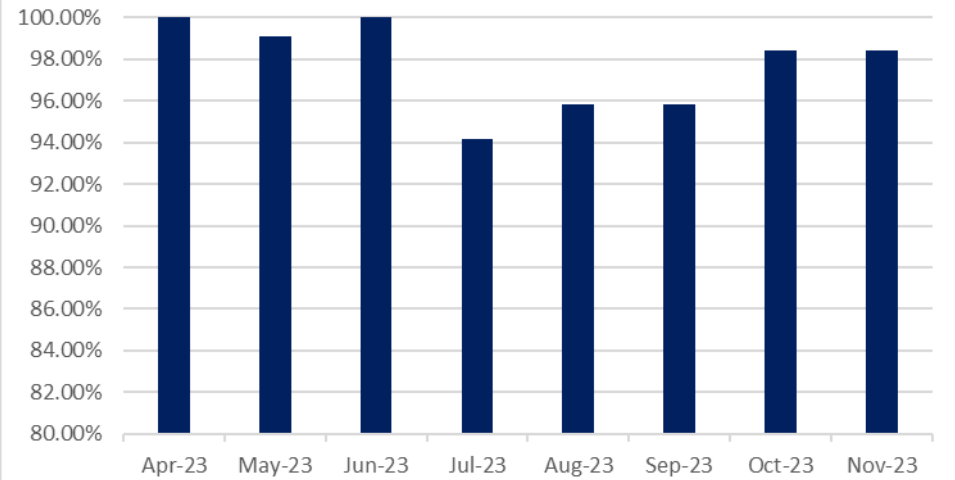
Relevant Performance Data

Care Leaver Supervision in timescale rate

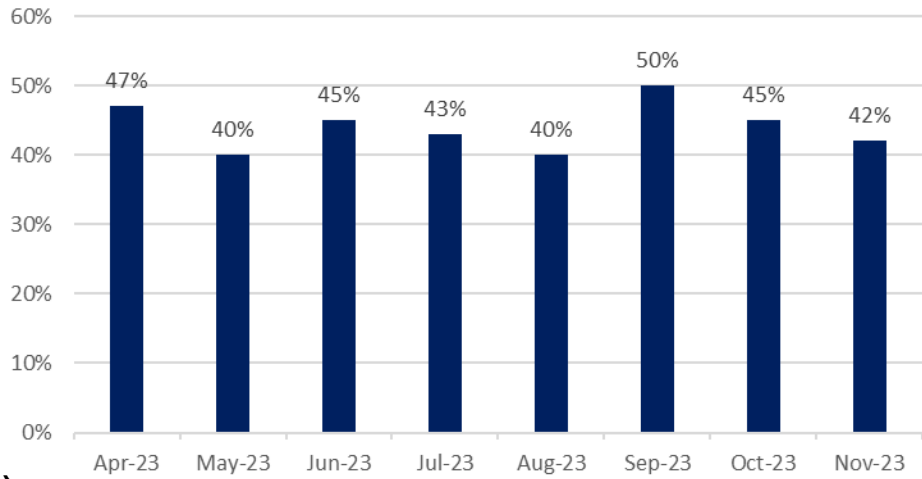
This metric is currently being developed as part of the wider work to introduce a Care Leavers Performance Clinic (see action above).

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Care Leaver In Touch Rates



Care Leaver Visits in timescale



Care Leaver NEET Rates

