



Slough Children First Improvement Plan

2021/22

Owner:	Carol Douch, Director of Operations
Version:	0.11
Date:	December 2021
Review Date:	Each month with full review in March 2022

Summary:

This improvement plan identifies key improvement priorities in 2021/22 for slough children first. It also provides an action plan for how these priorities will be met, the areas of focus and most importantly what this means for our children, young people and families.

Introduction

Slough Children First is an independent, not-for-profit wholly owned company of the Council, which provides social care and support services to children, young people and families.

The Company aims to provide:

- the best possible service, ensuring that children and families are at the centre of everything we do
- the best possible outcomes for vulnerable children and families
- the best possible support to staff, enabling families to change and flourish
- the right support for children and families, at the right time
- working to keep families together where it's safe to do'

Vision and Values

Our vision at Slough Children First has always been that every child in Slough should be Safe, Secure and Successful.

To help achieve this, our mission is that we should all be constantly working together to improve the lives of children and young people by protecting, supporting and enabling them to thrive.

Our vision and mission are underpinned by 5 key values



Background and Context

Following the last ILACS inspection, the Company developed an initial rapid improvement action plan in response to the findings of the inspection and its own self-evaluation. This plan was successfully delivered and a need for a longer term plan covering the rest of 2019/21 was identified.

Consequently, the rapid improvement plan evolved into the 2019/21 improvement plan, which was successfully closed down at the end of March 2021 following significant progress against areas identified and in particular around compliance.

As the improvement journey for Slough Children First continues the next step for improvement are to sustain compliance and focus on improving quality.

Slough Context

- Slough's local population is estimated to be 149,539 (June 2019 mid-year estimates), with 43,112 under the age of 18.
- The borough has a significant younger population with an average age of 34 compared to the England average of 40 years.
- The 2011 Census showed Slough to be one of the most ethnically diverse local authorities outside of London; around 16% of Slough households do not have anyone who speaks English as their main language and 88% of people in Slough follow a religion.
- Despite its past strong economic performance, Slough is one of the top 10 places hardest hit economically by Covid.
- Since end of March 2020, 5,260 more people in Slough are claiming benefits due to unemployment which includes 840 more young people (aged 16-24) and 1,300 more older people (aged 50+).
- At the end of December 2020, there were 11,700 claims from the Coronavirus Job Retention Scheme ('on furlough') and 6,600 claims totalling £16.6m for Self Employment Income Support Scheme (SEISS).

Children's Services Context

Since the last improvement plan, Slough has seen an increase in demand. A number of these have been more complex cases requiring more practitioner support and time. The increase and change in demand has impacted the child's journey as a whole including sufficiency of placements and financial pressures as a result. Even with the introduction of the additional capacity provided through the Innovate Teams, which resulted in more manageable caseloads, these have slowly started to increase again.

Increase in children open to the service:

31 March 2019	1,422 children and young people
29 March 2020	1,683 children and young people
28 March 2021	1,644 children and young people

Increase in the number of children looked after:

31 March 2019	210 children and young people
29 March 2020	194 children and young people
28 March 2021	230 children and young people

Increase in the number of children subject to child protection plans

31 March 2019	208 children and young people
29 March 2020	293 children and young people
28 March 2021	306 children and young people

Increase in children subject to a child in need plan over the last 15 months:

31 March 2019 402 children and young people
 29 March 2020 331 children and young people
 28 March 2021 507 children and young people

It has become clear Covid-19 is having a significant impact on households, with a rise in food poverty, drug and alcohol abuse, domestic abuse, and on the mental health of adults which is impacting on their parenting capacity and with an increase in children being neglected and abused.

Rates have increased for residential care, a reflection of more complex needs from vulnerable and exploited young people, with a rise in exploitation, gang and drug activity. This is not unique to Slough, but is a clear issue arising and creating complexity with finding suitable placements to match needs. Several commissioning projects have been implemented to strengthen work with providers to support effective placements and ensure value for money and increase 16 - semi independent provision.

2021/22 Improvement Plan

This improvement plan is focused on key actions to ensure compliance is sustained and ensuring consistency of practice is reflected positively in audit judgements, social care practice is child focused and the outcomes for children and their families make a lasting improvement to their lives.

This improvement plan has been co-designed with senior managers and identifies 5 key categories of focus to ensure actions deliver sustained outcomes, which are monitored through governance and accountability. Each of the 5 key priority areas also has a dedicated sponsor and lead responsible for the improvement activity:

1. **Quality of practice across the child journey**
2. **Stability of workforce**
3. **Participation and engagement**
4. **Permanency and Sufficiency of Placement**
5. **Culture and Change**

All actions will be BRAG rated to demonstrate progress of outcomes and impact:

	Outcome:	Impact:
Red	Timescales or tasks have slipped or changed and there is no immediate plan to bring them back on track	Not on target, outside of tolerances with no demonstrable improvement.
Amber	Timescales or tasks are not fully on track but plans are in place to ensure progress by an identifiable date	Not on target, but within tolerances
Yellow	Timescales or tasks are back on track, but may not yet be fully embedded into practice	Not on target and outside of tolerance but improvement on previous return
Green	Timescales or tasks are progressing as expected and will deliver required outcomes	Outcomes is meeting or exceeding targets
Blue	Tasks have been completed fully	N/A
Grey	Action is not scheduled to start in this period	Impact not yet expected to be realised

This improvement plan delivers on the key Business Plan objectives and vision for the Company in the coming year; aiming to provide stability, value for money and service delivery improvement to the children, families and the workforce of Slough Children First.

Underpinning this improvement plan is a series of service level plans which outline the actions services will take to further improve their own area. Service level plans in place are as follows:

- **Referral and Assessment** Fanny Jacob
- **Exploitation and Youth Justice Team** Jennifer Cail
- **Safeguarding and Family Support** Michelle Henry
- **Children Looked After and Support Services** Reshma Bessesar
- **Children with Disabilities** Reshma Bessesar
- **Care Leavers** Reshma Bessesar
- **Virtual School** Anne Bunce
- **Independent Fostering Service** Saima Arif
- **Adoption** Raheela Khan
- **Safeguarding and Quality Assurance** Sandra Davis
- **HR and OD** Kate McCorrison
- **Company Business Plan** Matt Marsden

**Business Plan
Priorities**

**Quality improvement
through a child's
journey**

**Stability of Workforce
Sustainability**

**Quality improvement
through a child's journey**

**Quality improvement
through a child's journey
Sustainability**

**Quality improvement
through a child's
journey
Stability of workforce**

**2021/22
Improvement
Plan
Priorities**

**1. Quality of practice
across the child's
journey**
Sponsor: Carol Douch
with Lesley Hagger
Lead: Briege Gilhooly

- Quality of practice
- Model of practice
- Quality of assessments
- SMART, clear and directive plans
- Quality of direct work and visits
- Child Exploitation
- Transitions
- Clinical Support
- Systems & forms

**2. Stability of
Workforce**
Sponsor: Carol Douch
with Raj Bhamber
Lead: Kate McCorriston

- Staff retention
- Workforce development and creating the conditions for social work to flourish
- Career development for young people

**3. Participation and
engagement**
Sponsor: Carol Douch
with Lesley Hagger
Lead: Sandra Davies

- Hearing and acting on the views of children, young people and families
- Participation
- Child's voice across their

**4. Permanency and
Sufficiency in Placement**

Sponsor: Carol Douch with Nina Robinson	Sponsor: Matt Marsden with Nina Robinson
Lead: Henrietta Delalu	Lead: Rachael Horner

- | | |
|---|--|
| <ul style="list-style-type: none"> • Effective permanence • Permanency planning | <ul style="list-style-type: none"> • Sufficiency • Inclusive offer |
|---|--|

5. Culture and Change
Sponsor: Andrew Fraser with Tony Hunter (Chair)
Lead: Carol Douch and Kate McCorriston

- Diversity and Inclusion
- Effective communication, listening and acting on the views of staff
- A listening organisation which celebrates its workforce
- Culture

Governance and Accountability
Sponsor: Matt Marsden
Lead: ELT

**2019/20
Improvement
Plan priority**

**Getting the basics
right: CIN and CP
focus**

Stability of Workforce

**Voice of the child and their
family**

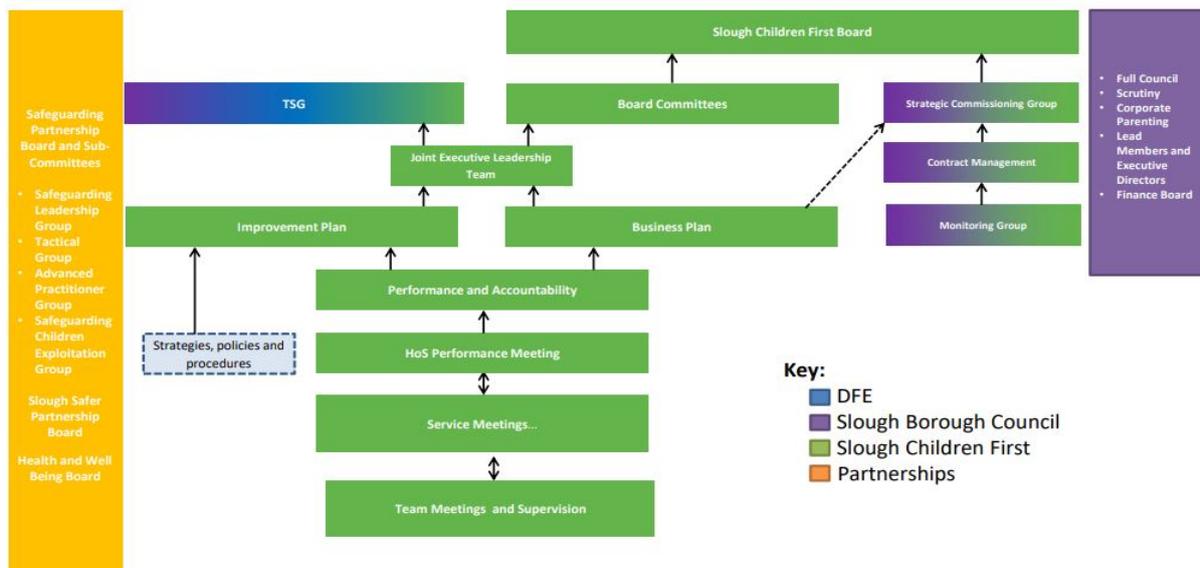
**Embedding PLO - driving
Early Permanency**

Stability of Workforce

Governance

This improvement plan is overseen by the Transition Steering Group (TSG) chaired by Trevor Doughty, DFE Commissioner. The plan will be tracked and measured by a dashboard of key indicators (TSG dashboard) to demonstrate progress in a visual way, taken from the weekly Compliance Report (CR), the monthly Company Performance Report (CPR), and information gathered from monthly moderated audit activity and audit activity on specific cohorts of children.

The improvement plan is incorporated into the performance management cycle of reporting through Performance Meetings with Heads of Service to ensure ownership across the Company.



2021/2022 Slough Children First Improvement Plan

1 Quality of practice across the child's journey Sponsor: Carol Douch with Lesley Hagger (NED) Lead: Briege Gilhooly																																		
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress																												
1.1	Quality of practice	<p>(a) Review the practice standards to update where necessary providing exemplars of practice to bring the practice standards to life saved in an accessible place (knowledge hub) and embed these into everyday practice</p> <p>(b) Link best practice and research into every day practice by making better use of the RiP membership and embedding this activity through Practice Improvement Mentors and managers.</p> <p>(c) Communicate with staff through a variety of mechanisms the induction intranet page, practice guidance, exemplars and other guidance available and how they can access them</p> <p>(d) A copy of the Practice standards to be shared electronically at staff inductions to be followed up by a hard copy when first physically in the office</p> <p>(e) Share what good looks like with Advanced Safeguarding Practitioner group to increase partners understanding of what good looks like through the safeguarding partnership</p> <p>(f) Development of 'collateral' (posters, screen savers, messaging and displays) to promote good practice and improvement initiatives</p> <p>(g) Implement and undertake actions to reinforce what good looks like through the quality of practice workstream which also closes the loop on all quality assurance activity undertaken</p>	<p>Head of SQA & Practice, Devt Lead</p> <p>Practice Improvement Mentors (PIMs)</p> <p>Practice Improvement Mentors</p> <p>Service Co-ordinators</p> <p>Practice Improvement Mentors/ Head of SQA</p> <p>Comms Mgr/PIMS</p> <p>Practice Devt Lead/PIMs</p>	<p>Ongoing activity</p> <p>From July 2021</p> <p>Each quarter starting in July 2021</p> <p>From June 2021</p> <p>Sept 2021</p> <p>From July 2021</p> <p>From June 2021</p>	<p>Ensure consistently good practice across all services which drives better outcomes for children and families through a better understanding and use of the practice standards</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p> <table border="1"> <thead> <tr> <th colspan="4">Baseline: 2020/2021 core audit activity</th> </tr> <tr> <th>Outstanding</th> <th>Good</th> <th>Requires Improvement</th> <th>Inadequate</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>52 (51.5%)</td> <td>33 (32.6%)</td> <td>16 (15.9%)</td> </tr> <tr> <th colspan="4">2019/2020 comparison</th> </tr> <tr> <td>0</td> <td>(66.6%)</td> <td>(25.75%)</td> <td>(7.5%)</td> </tr> </tbody> </table>	Baseline: 2020/2021 core audit activity				Outstanding	Good	Requires Improvement	Inadequate	0	52 (51.5%)	33 (32.6%)	16 (15.9%)	2019/2020 comparison				0	(66.6%)	(25.75%)	(7.5%)	<p>April to September 2021 - Overall 90% graded as RI or above. 79 core audits of children's records sampled:</p> <table border="1"> <thead> <tr> <th>Outstanding</th> <th>Good</th> <th>Requires Improvement</th> <th>Inadequate</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>19 (24%)</td> <td>52 (66%)</td> <td>8 (10%)</td> </tr> </tbody> </table> <p>The core coaching and workshop programme is well under way with a further 12 workshops delivered since mid- October (3 cycles of 4 core subjects).</p> <p>Other workshops include those co-delivered with the Virtual School and targeted service-specific workshops on S47s and Plans. 217 attendees to date</p> <p>Continued promotion of RiP as a practice learning tool within workshops, coaching and weekly reflective group for the overseas social workers</p> <p>Currently collating and analysing feedback on all aspects of PIM delivery from Oct – Dec and will use this and audit outcomes to inform the Jan- March 2022 programme</p> <p>Fortnightly 'Focus on Practice' newsletter spotlights different areas of practice and different teams to promote joined-up approaches to practice and to use internal expertise and highlight learning opportunities with partners on more specialist subjects</p> <p>PIMs working collaboratively with managers to develop and deliver in-team training e.g. working with an Assessment ATM to deliver a workshop on genograms which is now going out as a broader offer.</p> <p>Audit and 'closing the loop' activity continues in collaboration with QA. 8 audits (legal pathways) were completed in October and 8 (exploitation) were completed in November 2021.</p>	Outstanding	Good	Requires Improvement	Inadequate	0	19 (24%)	52 (66%)	8 (10%)
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Sponsor: Carol Douch with Lesley Hagger (NED)						
Lead: Briega Gilhooly						
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress
1.2	Model of Practice	<p>Share and embed the Slough Children First practice model through the following actions:</p> <p>(a) Re-share the Slough Children First practice model document and ensure staff and managers know what Slough's practice model is</p> <p>(b) Review and refresh SCF's practice model</p> <p>(c) Include the practice model in the induction programme so all new starters know how we practice in Slough</p> <p>(d) Practice Improvement Mentors to embed the Practice Model and what good looks like individually and collectively, following up on actions to understand where practice needs to be re-visited.</p> <p>(e) Re-visit the SCF website and ensure it sufficiently reflects the practice model, this information is accessible and is being accessed</p> <p>(f) Development of 'collateral' (posters, messaging, screen savers and displays) to promote Slough Children First Practice Model</p> <p>(g) Check impact of activity through pulse surveys and the annual staff health check</p>	<p>Practice Devt Lead</p> <p>HoS SQA / PIM</p> <p>OD Mgr/Practice Devt Lead</p> <p>Practice Improvement Managers</p> <p>Practice Devt Lead & Communications Officer</p> <p>Practice Devt Lead & Comms Officer</p> <p>Communications Officer/Practice Devt Lead</p>	<p>Sept 2021</p> <p>November 2021</p> <p>From August 2021 Jan 2022</p> <p>From August 2021-Jan 2022</p> <p>December 2021 March 2022</p> <p>Sept 2021</p> <p>November 2021 March 2022</p>	<p>All staff are clear about Slough's Practice model which enables consistently good social work skills and drives better outcomes for children and families</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p>	<p>Development of refresh practice model based on four pillars of practice focused on relationship and strengths based practice by HoS SQA and a Practice Improvement Mentor</p> <p>To be underpinned with a core set of workshops for all staff and manager and to use existing communication mechanisms e.g. the Practice Newsletter</p>
1.3	Quality of supervisions	<p>(a) Practice Mentors to shadow personal supervisions and provide coaching to managers to address areas for further improvement to strength the quality and impact of reflective supervision to enable the progression of plans</p> <p>(b) Identify the best secure location for the storage of personal supervisions</p> <p>(c) Launch revised children's supervision forms with all managers</p> <p>(d) Managers utilize training and coaching and mentoring support in 1 2 1 supervision to proactively support staff learning, career progression and emotional resilience.</p> <p>(e) All staff receive a copy of their 1 2 1 supervision within two working days of the session being held.</p> <p>(f) Dip sample and quality assurance of children's journeys including use of new supervision forms to ensure compliance and quality is sustained.</p>	<p>Practice Improvement Mentors</p> <p>Practice Devt Lead /Head of HR</p> <p>Practice Devt Lead</p> <p>All Managers/Practice Improvement Mentors</p> <p>All Managers</p> <p>Practice Improvement Mentors</p>	<p>By Sept 2021</p> <p>June 2021 July 2021</p> <p>July 2021</p> <p>September 2021</p> <p>September 2021</p> <p>From Sept 2021</p>	<p>Quality of supervision for workers ensures the timely and effective progression of planning for children, reducing drift and delay</p> <p>75% or above of staff supervision is rated as good (PIM data)</p> <p>75% children's supervision files are rated good or better (1/4ly audit)</p>	<p>Dip sample of supervisions and each PIM to observe a supervision has been completed</p> <p>A secure location has been set up on the X drive and this is being used and will be reviewed to check whether this system is being used consistently in practice.</p> <p>Facilitated peer supervision groups have now been set up in December 2021 for first line managers, with one group for ATMs and two groups for TMs mixed across all service areas. These will use the Social Work Organisational Resilience Diagnostic (SWORD) tool to provide a framework for these sessions to grow confidence, knowledge and skills, break down silos and promote consistency in the quality of management oversight and support.</p> <p>Action and learning points from these groups will be shared with Heads of Service to support in-service learning and development.</p>

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1.4	Quality of assessments	<p>(a) Develop a baseline of timeliness of core assessments</p> <p>(b) Review all available quality assurance reports and activity to have a clear understanding of what specific aspects of core assessments need to be improved e.g. – e.g. absence fathers, wider family and environmental factors, risk analysis and lived experience of the child</p> <p>(c) Capitalise on the good quality assessment exemplars at the front door to continue through to the end of the child's journey by using Practice Improvement Mentors to address areas for improvement individually and collectively across services</p> <p>(d) Undertake dip sample of core assessments to check impact of actions undertaken</p>	<p>Lead Performance Analyst</p> <p>Practice Improvement Mentors</p> <p>Practice Dev Lead</p> <p>Practice Improvement Mentors</p>	<p>July 2021</p> <p>Early August 2021</p> <p>From August 2021</p> <p>Ongoing from Sept 2021</p>	<p>All core assessments are based on a robust assessment of need and risk, include evidence of direct work with families, identify appropriate intervention which meet the needs of the family and all assessments conclude with a written plan of support of the children</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p> <table border="1"> <thead> <tr> <th colspan="3">Baseline: 29th March 2021</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>99.7.0%</td> <td>315 out of 316 in time 1 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>100%</td> <td>55 out of 55 in time</td> </tr> <tr> <td>CLA & Support Services</td> <td>79.4%</td> <td>54 out of 68 in time 14 overdue</td> </tr> </tbody> </table>	Baseline: 29 th March 2021			Referral & Assessment	99.7.0%	315 out of 316 in time 1 overdue	Safeguarding & Family Support	100%	55 out of 55 in time	CLA & Support Services	79.4%	54 out of 68 in time 14 overdue	<p>Thrice weekly CPR provides a detailed breakdown of timeliness of core assessments</p> <table border="1"> <thead> <tr> <th colspan="3">16th August 2021 –85.2%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>90.0%</td> <td>352 out of 391 in time 39 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>66.2%</td> <td>43 out of 65 in time 22 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>66.7%</td> <td>24 out of 36 in time 12 overdue</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">15th September 2021 –84.9%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>91.9%</td> <td>249 out of 271 in time 22 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>67.3%</td> <td>37 out of 55 in time 18 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>58.3%</td> <td>21 out of 36 in time 15 overdue</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">29th November 2021 –92.8%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>98.7%</td> <td>295 out of 299 in time 4 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>64%</td> <td>16 out of 25 in time 9 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>50%</td> <td>12 out of 24 in time 12 overdue</td> </tr> </tbody> </table> <p>In October, the Practice Improvement Mentors undertook a review of CIN work open in S&FS with a focus on assessment, planning, intervention and reviewing and the impact on outcomes for children, with key learning in respect of factors in drift and delay where this is identified.</p> <p>Assessment is a core module in the coaching and the workshop offer from the Practice Improvement Mentors in their rolling programme.</p>	16 th August 2021 –85.2%			Referral & Assessment	90.0%	352 out of 391 in time 39 overdue	Safeguarding & Family Support	66.2%	43 out of 65 in time 22 overdue	CLA & Support Services	66.7%	24 out of 36 in time 12 overdue	15 th September 2021 –84.9%			Referral & Assessment	91.9%	249 out of 271 in time 22 overdue	Safeguarding & Family Support	67.3%	37 out of 55 in time 18 overdue	CLA & Support Services	58.3%	21 out of 36 in time 15 overdue	29 th November 2021 –92.8%			Referral & Assessment	98.7%	295 out of 299 in time 4 overdue	Safeguarding & Family Support	64%	16 out of 25 in time 9 overdue	CLA & Support Services	50%	12 out of 24 in time 12 overdue
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1.5	Quality of pre-birth assessments	<p>(a) Develop a baseline of timeliness of pre-birth assessments</p> <p>(b) Using the Pan Berks pre-birth assessment template, develop a pre-birth assessment process attached to the template where timeframes and decision points are clearly documented.</p> <p>(c) Develop an exemplar of a good quality Pan Berks pre-birth assessment including narrative of why this is a good example.</p> <p>(d) Practice Improvement Mentors to embed expectations of pre-birth assessments through a variety of appropriate mechanisms individually and collectively</p> <p>(e) Undertake dip sample of pre-birth assessments to check impact of actions undertaken</p>	<p>Lead Performance Analyst</p> <p>HoS's Referral & Assessment & Sfs</p> <p>HoS's Referral & Assessment & Sfs</p> <p>Practice Improvement Mentors</p> <p>Practice Improvement Mentors</p>	<p>August 2021</p> <p>August 2021</p> <p>September 2021</p> <p>By October 2021</p> <p>Ongoing from Nov 2021</p>	<p>More timely pre-birth assessments and prevent children being subject to PLO and care proceedings</p>	<p>The Permanence Lead is linked to pre-birth assessment work to ensure early permanence thinking is embedded in all assessment and planning</p> <p>3 Pre-birth assessment workshops were delivered during PLW in September 2021 with 59 staff attending, alongside completion by the team of 10 pre-birth focused audits. Work continues via the 'closing the loop' activity for individual cases/teams.</p> <p>This area of practice continues to feature within the over-arching assessment coaching and workshop offer. This has been enhanced by the recent addition of a number of service-specific workshops developed and delivered by the team in response to service need – bespoke workshops are being delivered through November and December to Front Door, SFS and CLA in relation to S47s and Plans.</p> <p>Practice Guidance will be informed by the learning from PLW.</p>

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1.6	Quality of visits	<p>(a) Review all available quality assurance reports and activity to have a clear understanding of what specific quality aspects of visits need to be further improved</p> <p>(b) Practice Improvement Mentors to use the visiting practice standards and knowledge from QA activity to address areas for development individually and collectively across services in relation to visits, undertaking shadowing as required and providing appropriate follow up with staff.</p> <p>(c) Dip sample future visits to check impact of work undertaken and address actions where required.</p> <p>(d) Review visits post-Covid and ensure any proposed changes focuses on the quality of visits to be undertaken</p>	<p>Practice Improvement Mentors</p> <p>Practice Improvement Mentors</p> <p>Practice Improvement Mentors</p> <p>Director of Ops</p>	<p>Early September 2021</p> <p>September 2021</p> <p>Ongoing from Oct 2021</p> <p>To follow Govt road maps</p>	<p>All visits are planned, purposeful and timely to ensure children and young people have regular contact and engagement when they need it, to progress their plan and ensure their voices are heard</p> <p>90% of all visits are completed in timescale (Compliance report)</p> <table border="1"> <thead> <tr> <th colspan="3">Baseline 29th March 2021</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>75.6%</td> <td>298 out of 294 in time 96 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>94.3%</td> <td>689 out of 731 in time 42 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>87.2%</td> <td>335 out of 384 in time 49 overdue</td> </tr> </tbody> </table> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p>	Baseline 29 th March 2021			Referral & Assessment	75.6%	298 out of 294 in time 96 overdue	Safeguarding & Family Support	94.3%	689 out of 731 in time 42 overdue	CLA & Support Services	87.2%	335 out of 384 in time 49 overdue	<table border="1"> <thead> <tr> <th colspan="3">16th August 2021 – 72%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>49.6%</td> <td>255 out of 514 in time 259 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>84.0%</td> <td>556 out of 662 in time 106 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>82.8%</td> <td>318 out of 384 in time 66 overdue</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">15th September 2021 – 75.2%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>57.6%</td> <td>250 out of 434 in time 184 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>83.5%</td> <td>547 out of 655 in time 108 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>81%</td> <td>311 out of 384 in time 73 overdue</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">29th November 2021 – 85.5%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>79.4%</td> <td>335 out of 447 in time 92 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>88.5%</td> <td>616 out of 669 in time 80 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>87.3%</td> <td>324 out of 371 in time 47 overdue</td> </tr> </tbody> </table> <p>This is one of the core coaching modules on offer to all staff working with children. Focused work has been carried out through individual coaching and a weekly reflective group with the new cohort of overseas SW recruit to embed practice standards, including observation and feedback on visits to children and their families.</p>	16 th August 2021 – 72%			Referral & Assessment	49.6%	255 out of 514 in time 259 overdue	Safeguarding & Family Support	84.0%	556 out of 662 in time 106 overdue	CLA & Support Services	82.8%	318 out of 384 in time 66 overdue	15 th September 2021 – 75.2%			Referral & Assessment	57.6%	250 out of 434 in time 184 overdue	Safeguarding & Family Support	83.5%	547 out of 655 in time 108 overdue	CLA & Support Services	81%	311 out of 384 in time 73 overdue	29 th November 2021 – 85.5%			Referral & Assessment	79.4%	335 out of 447 in time 92 overdue	Safeguarding & Family Support	88.5%	616 out of 669 in time 80 overdue	CLA & Support Services	87.3%	324 out of 371 in time 47 overdue
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1 Quality of practice across the child's journey Sponsor: Carol Douch with Lesley Hagger (NED) Lead: Briega Gilhooly						
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress
1.7	Quality of direct work	<p>a) Dip sample previous direct work to set a baseline of activity and review the impact of previous work undertaken and identify further actions where required.</p> <p>b) Re-visit with staff the examples of good direct work and why they are good as part of the 'what good looks like' suite of materials, especially those which focus on understanding the feelings of children at different ages and embed this practice across the whole child's journey</p> <p>(a) Practice Improvement Mentors to model and embed the expectations of quality direct work and interventions being used to elicit and understand the views of children through a variety of appropriate mechanisms individual and collectively including shadowing direct work and interventions and then providing appropriate follow up with staff.</p> <p>(b) The use of direct work tools is embedded into the induction process for all new frontline staff and in the ASYE programme to build the expectation and culture of their use</p>	<p>PIMs</p> <p>Practice Devt Lead with PIMs, HoS and TMs</p> <p>Practice Improvement Mentors</p> <p>OD Mgr/ Practice Lead (KK)/Practice Devt Lead</p>	<p>End of August 2021</p> <p>By Sept 2021</p> <p>September 2021</p> <p>End of Sept 2021</p>	<p>Case file recording shows a wide range of direct work tools used by social workers to hear and understand the views of children and ensures the voice of the child is heard within their own planning</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p>	<p>Direct Work is one of the core workshop modules alongside visits and 'voice of the child' as core modules in the coaching offer.</p>
1.8	Quality of interventions	<p>(a) Develop a multi-agency contextual safeguarding team to undertake prevention/assessment/ planning and interventions for children who are being exploited sexually and criminally and through PREVENT, modern day slavery and trafficking</p> <p>(b) Baseline the number of children entering into care as a result of exploitation</p> <p>(c) Improve the quality of RHI and intelligence gathering to identify hotspots through the following:</p> <ul style="list-style-type: none"> Reinstate daily missing meetings with TVP Review the current offer for RHI to ensure there is an independent interview following all missing episodes Ensure Management Oversight after each missing episode Undertake mapping of information gleaned <p>(d) Evaluate the impact on this team of reducing the number of child coming into care</p>	<p>HoS Referral and Assessment & Team Manager Exploitation and Youth Justice</p>	<p>July 2021</p> <p>July 2021 December 2021</p> <p>December 2021</p> <p>October 2021 and March 2022</p>	<p>Delivery of a sustainable operating model for strengthened and specialised contextual safeguarding services which effectively meets the needs of children and young people who are at risk of, and currently being exploited.</p> <p>Reduction in the number of children entering into care due to exploitation.</p>	<p>37 children and young people are being supported by the contextual safeguarding team as of the end of November 2021 with 13 children and young people able to be stepped down after receiving support to meet their needs and manage risks</p> <p>The latest Focus on Practice newsletter highlighted the work of the Engage Team to all staff.</p> <p>1 child did become looked after which was best for the child but 1 other has been prevented from becoming looked after.</p> <p>Positive impact on partnership work with police and other agencies to increase their understanding of contextual safeguarding and how to respond effectively.</p> <p>Good work with the police on using intelligence from weekly tracking meetings to work on county lines disruption activity</p> <p>The baseline of children entering care as a result of exploitation had been widened to look at all children who have become looked after</p> <p>Mid-year review of the team has been completed in November and is being used to plan activity for the rest of the financial year</p>

1 Quality of practice across the child's journey Sponsor: Carol Douch with Lesley Hagger (NED) Lead: Briega Gilhooly						
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress
1.9	Quality of clinical and mental health support	<p>a) Ensure there is clarity around the use of clinical and mental health support across the company.</p> <p>b) Evaluate the impact of the work of the clinical offer ensuring outcomes are clear</p> <p>c) Develop a model of sustainability for post March 2022</p>	<p>HoS S&FS</p> <p>HoS S&FS</p> <p>HoS S&FS / Director of Finance</p>	<p>July 2021</p> <p>Sept 2021 and March 2022</p> <p>January 2022</p>	<p>Clarity of impact of clinicians work on edge of care, stabilising placements, understanding children's mental health and support to navigate through complex health system.</p> <p>Building family resilience (at least 100 children or more)</p> <p>Number of children returning home (at least 3)</p> <p>Preventing placement and family breakdowns (at least 7 children or more) (Clinicians report)</p>	<p>A short survey was sent to social workers to support the review of the clinical offer in SCF. There was a low response (27 responses) but they were received across all services which did give a broader picture. These responses have been analysed and are being used to inform next steps</p>
1.10	SMART Planning	<p>(a) Practice Improvement Mentors to focus on the 'S' of SMART to make actions more specific both individually and collectively across services, developing examples of specific and not specific actions</p> <p>(b) All staff to be focused on being more specific in their SMART planning</p> <p>(c) CP chairs to focus on actions being specific in conferences</p> <p>(d) Dip sample plans to check impact of work undertaken and address actions where required.</p>	<p>Practice Improvement Mentors</p> <p>All staff</p> <p>CP chairs</p> <p>Practice Improvement Mentors</p>	<p>During Oct 2021</p> <p>From July 2021 September 2021</p> <p>From July 2021</p> <p>From Nov 2021</p>	<p>All plans are SMART, focused, responsive to the needs of children, are based on robust assessment of need and risk with and are clear how the plan is going to make a difference to the lived experience of the child</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p> <p>Baseline 29/03/2021 Compliance Report Reduction in the % of all CIN Plans open 1 to 2 years and 2 years plus from 18.3% to at least 15%</p> <p>Reduction in CP plans open for length of time 1- 2 years from 15.7% to 13%</p> <p>0 children open 2 yrs + on a CP plan</p>	<p>Smart Plans are one of the core coaching modules which has been rolled out to all staff between October and December 2021. It is also an integral part of the core workshop offer – 'child's journey'</p> <p>In addition, the PIMs have put together a targeted workshop on Plans (keeping them focused/making them SMART) tailored to the need of different services areas, for example, at Pathway Plans and transition planning for children and young people in CLA and Support Services service</p> <p>29/11/2021 Compliance Report Reduction in CP plans open for length of time 1- 2 years from 15.7% to 13% 19.4% (12.7% August and 17.4% September 2021)</p> <p>3 children open 2 yrs + on a CP plan (2 in September 2021)</p> <p>Safeguarding" CIN plans open between 1 to 2 years and 2 years plus are 5% of the total "Safeguarding" CIN plans 7.6% October 2021 CPR report (6.7% August 2021)</p>

1 Quality of practice across the child's journey						
Sponsor: Carol Douch with Lesley Hagger (NED)						
Lead: Briega Gilhooly						
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress
1.11	Model of practice for Family Meeting	<ul style="list-style-type: none"> a) Identify which current staff have completed direct work and safety planning meeting in Slough b) Develop a consistent process for the recording and reporting on Family Network Meetings on ICS and develop a baseline from which to evaluate the impact of our work a) Upskill Social Workers to hold Family Network Meetings across all aspects of social care including Early Help including this as a mandatory training module for new starters. b) Promote the direct work and safety planning meeting training to all social workers 	<ul style="list-style-type: none"> HoS SQA/HoS S&FS Practice Devt Lead Head of HR/OD & Practice Devt Lead Head of HR/OD & Practice Devt Lead 	<ul style="list-style-type: none"> July 2021 July 2021 October 2021 October 2021 February 2022 October 2021 and ongoing 	<ul style="list-style-type: none"> Family Network Meetings support families in identifying and understanding their needs and they play a key role in the decision made about them and the actions to be undertaken An increase in the number of family network meetings held and accurately recorded from a current low baseline The new model will provide increased flexibility and capacity to deliver across all services areas, ensuring all children and families where this would assist have the option of an 'independently' facilitated FNM. 	<p>38 front line staff who have completed direct work and safety planning training (either the pre Covid 2 day course or 4 online modules) remain in current employment with SCF</p> <p>A draft protocol has been revised and supported by new practice templates and SLT agreement in October 2021 to proceed with a new implementation model.</p> <p>Staff are being identified to take part in focused training and materials are being developed to support this.</p> <p>Further work required to agree the 'pooled' approach to resourcing Family Network Meetings and the need to confirm dedicated business support critical to the implementation of this more centralised approach. This delay will impact on the new approach getting into practice and creating structured opportunities for families to participate in planning.</p>
1.12	Effective transitions	<ul style="list-style-type: none"> a) Identify the transition point for children to progress to Care Leavers or adult social care in readiness for adulthood, understand current effectiveness and baseline activity b) Review the protocol between ASC and SCF in relation to transfers. c) Ensure the practice standards in relation to the roles and responsibilities of the Social worker and the Care Leavers is clearly understood by frontline staff and managers d) Ensure there is a coherent programme to support young people into the skills required for independent living e) Ensure all 16, 3 month+ young people in care have an effective pathway plan 	<ul style="list-style-type: none"> HoS & Practice Devt Lead HoS & Practice Devt Lead Director of Ops HoS CLA and Support services HoS CLA and Support services 	<ul style="list-style-type: none"> September 2021 November 2021 January 2022 January 2022 January 2022 	<ul style="list-style-type: none"> Effective transition of children and young people into adult services and / or care leaving services who are supported with their independence and readiness for adulthood Baseline from 31st March 2021 (April CPR) Increase in the number of yp supported into suitable accommodation 18 – 21 = 90% 19 – 21 = 90% The number of EET yp 18 – 21 = 38% 19 – 21 = 48% 	<p>% of Care Leavers in suitable accommodation</p> <p>Aged 18 – 21: 90% (92% last month) (Oct 2021 CPR)</p> <p>Aged 19-21: 90.4% (92% last month) (Oct 2021 CPR dashboard)</p> <p>% of care leavers in education, employment or training</p> <p>Aged 18-21: 44% (46% August) (Oct CPR)</p> <p>Aged 19-21: 56.2% (58% August) (Oct CPR)</p> <p>67% of Care Leavers aged 16+ have a pathway plan within timescale (Oct CPR)</p> <p>Now that the core offer is up and running, and the coaching modules include planning for Care Leavers this will progress this work. A dip sample specifically on work with Care Leavers is planned for December 2021.</p>

1 Quality of practice across the child's journey						
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Lead: Briega Gilhooly						
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress
1.13	Systems and forms	<p>a) Recruit to the Systems Improvement Mentor role to provide support in improving IT literacy</p> <p>b) Managers to collectively identify the top ten case file recording issues and identify whether they are systems issues, user issues or both and the actions required to address the issues</p> <p>c) Practice Improvement Mentors to address issues as they work individually and collectively with staff, checking on the impact of their work and following up as required.</p> <p>d) Upskill service co-ordinators and team admin to be IT champions/365 champions who can support staff in their services to use IT equipment and ensure all managers have the technical capability to use the various virtual systems</p> <p>e) Refresh and share guidance to address common recording issues including recording the right information and the right time without excessive duplication and proof reading to eliminate mistakes</p> <p>f) Dip sample to check impact of work undertaken and address actions where required.</p>	<p>Practice Devt Lead</p> <p>Practice Devt Lead with Systems Improvement Mentor</p> <p>Practice Improvement Mentors</p> <p>Systems Improvement Mentor</p> <p>Systems Improvement Mentor</p> <p>Practice Devt Lead with Systems Improvement Mentor</p>	<p>June 2021</p> <p>July 2021</p> <p>From July 2021</p> <p>August 2021</p> <p>From July 2021</p> <p>Sept 2021</p>	<p>Consistent and clear recording on ICS with information entered in a timely manner and in the right place following practice guidance</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p> <p>In the company health check staff say ICS system is assisting them in their work</p>	<p>This is embedded into the individual coaching and workshop offer, as well as the 'closing the loop' activity undertaken by the team addressing issues identified via audit activity.</p> <p>The team has already developed and delivered a workshop on genograms in collaboration with an ATM and this will be rolled out further. Audits have highlighted a need to focus on case summaries and chronologies and this learning will feed into the programme for January-March 2022.</p> <p>Some work required to simplify the ICS permanency planning form to support best practice under the new framework for delivery by Team Managers with oversight via senior management tracking activity. Work is already under way on modifications and will be in draft in December for consideration by the ICS User Group in the new year</p>
1.14	Systems and forms	<p>a) Agree the prioritisation of change requests by ICS User Group</p> <p>b) Develop a work plan for changes to forms in conjunction with frontline operational staff and the Childrens IT lead</p>	<p>AD QIPP</p> <p>AD QIPP/Practice Devt Lead</p>	<p>July 2021</p> <p>July 2021</p>	<p>Reduction in the time taken by frontline staff to input onto ICS through reduction of duplication of effort of staff</p>	<p>Work plan has been developed and prioritisation is taking place.</p>

2 Stability of workforce
 Sponsor: Carol Douch with Raj Bhamber (NED)
 Lead: Kate McCorrison

Ref	Improvement priority	Actions	Action Owner	Target date	Impact to be achieved/KPIs	Progress																				
2.1	Staff Retention	<p>a) Implementation of the workforce development workstream with its associated projects and the recruitment of the OD Manager and Recruitment Manager roles</p> <p>b) Run retention data at team and service level and explore with HoS and managers what their data says and their individual approaches to help retain staff</p> <p>c) Further develop and promote benchmarked benefits package, both regionally, locally and to include industry led schemes to support high performing agency staff to go permanent and retain staff</p> <p>d) Ensure there is sufficient social work resource for allocation of children, so caseloads are reduced and in line with the agreed targets</p> <p>e) Establish and confirm clear career and progression pathways for all roles in the Company</p> <p>f) Set up an academy with an HEI for ASYE's, leaders /managers and otherwise qualified staff</p> <p>g) Review the pathway from pre advert to commencement of employment to ensure we have an effective and compliant advertising, recruitment and on-boarding process in Slough and refresh the recruitment strategy as a result of this review</p> <p>h) Embed learning from exit interviews to support recruitment and development of permanent staff.</p> <p>i) Ensure there is clear consideration of every aspect of equality, diversity and inclusion in all staff recruitment and retention activity</p> <p>j) Set up support networks including buddy system for new starters who it is identified would benefit from additional support e.g. new starters from abroad</p>	<p>Head of HR & OD</p> <p>OD Manager</p> <p>OD Manager</p> <p>Director of Ops/Head of HR</p> <p>OD Manager</p> <p>OD Manager/ Practice Devt Lead /Practice Lead (KK)</p> <p>Recruitment Mgr</p> <p>OD Mgr</p> <p>Head of HR and OD/Recruitment Manager</p> <p>Recruitment Manager</p>	<p>June 2021 July 2021</p> <p>August 2021</p> <p>Nov 2021</p> <p>March 2022</p> <p>Jan 2022</p> <p>March 2022</p> <p>Sept-2021 October 2021</p> <p>Jan 2022</p> <p>Ongoing</p> <p>From August 2021</p>	<p>Reduce the turnover of staff and increase the number of permanent staff working for Slough Children First</p> <p>Staff turnover (all perm staff) 20% (Monthly TSG dashboard)</p> <p>20 % of frontline agency staff (HR dashboard)</p> <p>Average Caseload targets:</p> <ul style="list-style-type: none"> Referral and Assessment: 25 Safeguarding and Family Support: 22 CLA: 18 	<p>Retention data has been run and cross checked. Turnover is now measured in both total for all permanent staff and voluntary turnover</p> <p>November 2021 Workforce Strategy Group</p> <p>35% for all staff 27% voluntary</p> <p>Of the qualified workforce:</p> <p>51.32% of frontline staff are permanent, 22.89% agency 25.79% vacancy factor.</p> <p>This is a result of the overseas social workers and ASYE's</p> <p>Offers to 6 further overseas social workers who are due to start in January 2022 but their arrival is likely to be delayed by the pause in flights from South Africa</p> <p>Heads of Service with the OD lead are working on a visual representation of the various career pathways by role in their service areas. A template has been provided as an example and January group sessions are being organised to review and agree the first thing/s to focus on in order to bring the pathways to life.</p> <p>Exit interview data has been reviewed and is now informing the priority need of 'support & develop' staff in order to retain them. A Leadership Development Needs questionnaire is being prepared and will provide the data needed to plan development sessions from January 2022.</p> <p>A Project Officer is analysing the last 3 months of recruitment activity to get a good understanding of what processes are working well, which agencies are providing the best candidates and to identify actions to progress in January 2022</p> <table border="1"> <thead> <tr> <th>Average caseloads from Compliance Reports</th> <th>12 July 21</th> <th>09 Aug 21</th> <th>09 Sept 21</th> <th>29 Nov 21</th> </tr> </thead> <tbody> <tr> <td>Referral and Assessment</td> <td>28.2</td> <td>27.5</td> <td>22.2</td> <td>23.5</td> </tr> <tr> <td>S&FS (all teams)</td> <td>25.7</td> <td>24.6</td> <td>23.9</td> <td>23.3</td> </tr> <tr> <td>CLA</td> <td>17.1</td> <td>17.3</td> <td>17.1</td> <td>19</td> </tr> </tbody> </table>	Average caseloads from Compliance Reports	12 July 21	09 Aug 21	09 Sept 21	29 Nov 21	Referral and Assessment	28.2	27.5	22.2	23.5	S&FS (all teams)	25.7	24.6	23.9	23.3	CLA	17.1	17.3	17.1	19
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2 Stability of workforce														
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2.2	Workforce development	<ul style="list-style-type: none"> a) Review the induction programme to incorporate what is working well out of the ASYE induction programme. b) All new starters to be aware of key documents to support them in their work a) Develop a structure around expectations of the induction process and timetable to support new starters across the company b) Communicate these expectations to all managers across the services and ensure all available information is in use. c) Develop or update literature / communications which can be shared with all new starters so they are aware of what they can expect from their induction 	Practice Development Lead & Head of HR and OD	Dec 2021/Jan 2022 From July 2021 Aug 2021 Sept 2021 Sept 2021	The induction process is embedded in the company and is supportive of new starters All staff understand the practice expectations and contribute towards the key performance indicators for the company	OD lead held a 'new starter' focus group in November. The findings from this session reflected a good level of support and induction. Sessions included ASYE, Admin, Social Workers and Admin staff. Findings have been fed back to service leads. Further work with team leaders in January 2022 to review induction at a local level to be conducted.								
2.3	Workforce development	<ul style="list-style-type: none"> a) Review the training and development on offer for staff in conjunction with workers needs and training uptake/ attendance data to support with workforce development and retention b) Develop a programme of which mandatory training needs to be completed within set periods of time to reinforce the induction programme for new starters c) Promote the mandatory and available training offer to all staff d) Monitor the impact of the Staff College management programme through supervisions and using different feedback mechanisms e) Send regular pulse survey's out to all staff to check understanding and knowledge base of learning and development 	Practice Devt Lead & Head of HR and OD OD Mgr	Dec 2021 Sept 2021 March 2022 onwards March 2022 onwards Dec 2021	Staff/Leaders are well trained, have the opportunity to attend training and see the value of the training available. Staff turnover (all perm staff) 20% (Monthly TSG dashboard)	Leadership Development Needs to be circulated in December 2021 to start the process of 'self-identified' needs. Development sessions will be offered in January 2022 based on these findings and is expected to include both skill based and personal style/self-awareness sessions together with a coaching focus for performance management. This will provide a focus to the variety of retention level data by team. Training Needs Analysis questionnaire going out in December to inform the review of training <table border="1"> <thead> <tr> <th></th> <th>July 21</th> <th>Aug 21</th> <th>Oct 21</th> </tr> </thead> <tbody> <tr> <td>All Perm Turnover</td> <td>39%</td> <td>37%</td> <td>35%</td> </tr> </tbody> </table> 27% voluntary turnover (24% September 2021)		July 21	Aug 21	Oct 21	All Perm Turnover	39%	37%	35%
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2.4	Career development for young people	<ul style="list-style-type: none"> a) Create apprenticeship opportunities for Care Leavers in the company b) Promote work and work experience opportunities for Care Leavers within Slough 	Virtual School HT/Practice Devt Lead OD Manager/Virtual School	June 2021 March 2022	There are effective career opening opportunities for Care Leavers in Slough	1 apprenticeship is working in the Virtual School as the PEP Champion. Workforce Planning Training is being planned from March 2022 onwards.								

3 Participation and engagement						
Sponsor: Carol Douch with Lesley Hagger (NED)						
Lead: Sandra Davies						
Ref	Improvement priority	Actions	Action Owner		Impact to be achieved/KPIs	Progress
3.1	Hearing views and acting on children, young people and families	<p>a) Implement the “Your Experience” cards</p> <p>b) Contact is made with parents on cases open 3-6 months to identify the barriers to their understanding of why their children are on a plan, what needs to change to address risks and get their feedback on social work support</p> <p>c) Follow up on parents who did not know why they were on a plan to see if their understanding has changed</p> <p>d) Develop a short questionnaire to send to families when we close our involvement with a family to understand their experiences and where improvements can be made.</p> <p>e) The IFA to develop their user feedback systems to gather the views from children and foster carers and increase participation rates</p> <p>f) Research different platforms and tools which support all children receiving a service from the company to express their views and feelings.</p> <p>g) Implement identified platforms which will support an increase in hearing children’s views and feelings</p> <p>h) Create an IFA Face book page</p>	<p>Participation Officer/Participation Apprentice</p> <p>Service Co-ordinators</p> <p>Service Co-ordinators</p> <p>Participation Officer</p> <p>IFA Service Manager</p> <p>Practice Improvement Mentor</p> <p>Practice Improvement Mentor/Participation Officer and Champion</p> <p>Recruitment Manager /Communications Officer</p>	<p>August 2021 September 2021</p> <p>From July 2021 From October 2021</p> <p>From July 2021 From October 2021</p> <p>August 2021 October 2021</p> <p>September 2021</p> <p>September 2021</p> <p>From November 2021</p> <p>September 2021 November 2021</p>	<p>There are effective systems in place to support receiving effective user feedback across the company</p>	<p>Your Experience cards are now printed and the service is ready to be launched w/c 6th December. The Participation Officer has written a process for how the cards should be distributed to families and how the feedback will be collated and reported on.</p> <p>Participation Officer following up the questionnaire for families when we close involvement with senior managers.</p> <p>Mind of My Own has been investigated as a possible platform to get the wider views of children and young people. Due to cost this is on hold at the moment. (Joint MOMO annual subscription of the One App and Express App and mandatory training is £12,836)</p> <p>The IFA has returned to face to face engagement opportunities where it has been safe to do so. 2 children enjoyed a trip to an ice cream parlour is planned for children. The barn dance for foster carers in October was cancelled over Covid safety risks</p>
3.2	Participation	<p>a) As part of the work to develop training, ensure there is training for all professionals including foster carers to ensure user voice is captured and recorded effectively.</p> <p>b) Practice Improvement Mentors to use their work on improving visits and direct work to also address the effective recording of feedback</p>	<p>Practice Devt Lead</p> <p>Practice Improvement Mentors</p>	<p>September 2021 November 2021</p> <p>From September 2021</p>	<p>Feedback received from children and families is effectively and clearly recorded on case file systems</p>	<p>The core coaching and workshop offer has a clear focus on the voice of the child, direct work and visits. This is a rolling programme until end December 2021.</p> <p>Elements of the core programme have been promoted with the fostering service and the Practice Development Lead in discussion with the Fostering and SG teams about specific workshops for foster carers and SG carers to be delivered in early 2022. This will include workshops on neglect, education with the Virtual School, a focus on the child’s journey and the voice of the child.</p>

3 Participation and engagement
 Sponsor: Carol Douch with Lesley Hagger (NED)
 Lead: Sandra Davies

Ref	Improvement priority	Actions	Action Owner		Impact to be achieved/KPIs	Progress
3.3	Participation	<p>a) Develop a closed face book group for Care Leavers</p> <p>b) The Reach Out! Children in Care Council to be further developed</p> <p>c) Children and young people are supported to understand advocacy is available to support them to express their views when needed and this service is utilised</p> <p>d) Increase the level of elected member engagement with children and young people to hear their voices</p>	<p>Systems Improvement/ Participation apprentice</p> <p>Participation Officer</p> <p>Head of Service</p> <p>Acting / Chief Executive</p>	<p>September 2021</p> <p>November 2021</p> <p>March 2022</p> <p>From July 2021</p>	<p>Children and young people are supported to have their voices heard</p>	<p>Further research is being conducted with young people to explore what social media platforms they use. The Communications Officer has developed a poll for care leavers to share their views preferences which will be open for 7 weeks from w/c 29th November to Friday 14th January. During this period of time a high percentage of young people will be visited by their PA who will ask them to complete the poll and share their views. This will ensure we have a far greater response to the poll and therefore insight into what social media platform/s SCF should develop for care leavers.</p> <p>A session meet and eat session has been arranged for Tuesday 7th December for young people to come to the Chat Room at Observatory House to have pizza and find out more about getting involved in Reach Out! Young people are being encouraged to attend vis bespoke invites, as well as information sent to social workers and supervising social workers to ensure professionals are talking to their young people about the opportunity and encouraging them to take part.</p> <p>Young people held their Reach Out! Panel (Young Advisors) on 1st December and met with Cllr.Hulme and Alan Adams to discuss their Hot Topics directly with senior decision makers. Over the past two years, there has been a common Hot Topic theme of Housing which the Reach Out! Panel discussed further at their meeting in December.</p> <p>The minutes from the Reach Out! Panel will be submitted and discussed at the next Corporate Parent Panel being held on 16th December and the Cabinet Member for Housing will be attending.</p>

4 Sufficiency of Placement and Permanency Sponsor: Carol Douch and Matt Marsden with Nina Robinson Lead: Henrietta Delalu and Rachael Horner						
Ref	Improvement priority	Actions	Action Owner	Target date	Impact to be achieved/KPIs	Progress
4.1	Effective Permanency	<p>a) Recruit to the Permanency lead role</p> <p>b) Review and further develop the permanency process including forms and reports and ensure it incorporates early permanence and covers the entire child's journey and all permanence options e.g. foster to adopt</p> <p>c) In light of this review, further refine the practice standards for permanency to ensure they cover all applicable areas</p> <p>d) Identify a number of SSW looking for professional development to conduct PPM meetings for 10 children and upskill, coach and mentor them as required (alternative career pathway to management)</p> <p>e) Embed the permanency process and practice standards across all services with the Permanency Lead addressing areas for development individually and collectively across services, modelling PPMs as required and then providing appropriate follow up with staff.</p> <p>f) Ensure there is a strong focus on foster to adopt</p> <p>g) Embed the permanency process with partners to increase partner engagement in the process and support multi-professional decisions</p> <p>h) Undertake quality assurance activity to establish the effectiveness of the permanency process in Slough</p>	<p>Practice Devt Lead</p> <p>Permanency Lead</p> <p>Permanency Lead</p> <p>Permanency Lead/HoS</p> <p>Permanency Lead</p> <p>Permanency Lead/Adoption Team Manager</p> <p>Practice Devt Lead/Permanency Lead</p> <p>Head of Service SQA</p>	<p>June 2021</p> <p>July 2021</p> <p>July 2021</p> <p>August 2021</p> <p>December 2021</p> <p>October 2021</p> <p>October 2021</p> <p>November 2021</p>	<p>Better and sustainable use of the permanency process in Slough which results in swifter permanence for children</p>	<p>The new PPM process is up and running, with in-meeting coaching being provided to Team Managers in SFS and CLA/CwD by the Permanence Lead.</p> <p>The Permanence Lead is also supporting the new tracking arrangements in CLA, mirroring the tracking activity that takes place in SFS. Service- and team-based sessions are also under way to update the wider workforce with regard to the new arrangements.</p> <p>Permanency was the focus of the 'Focus on Practice' newsletter issued on 16/11/21 to the whole workforce. The Permanence Lead has also presented on this to colleagues in the Early Help Partnership (16/11/21), CLA Health and Virtual School (16/11/21) and Cafcass (17/11/21) and internally to our Child Protection Chairs (26/11/21). Practice Guidance for partners is being drafted and will be ready in December.</p> <p>Two workshops on Fostering for Adoption are being rolled out, co-created and co-delivered with our Adoption Team in December 2021. The Permanence Lead is working with the Adoption Team and the 'Me Learning' Lead to schedule these as quarterly workshops over the coming calendar year and the Adoption Team will lead on delivery from here.</p> <p>Two workshops in relation to 'How to write a good Child Permanence Report' are also being rolled out in collaboration with the Adoption Team in November and December 2021. As above, these will also be built into the 'Me Learning' offer, to be facilitated by the Adoption Team on a quarterly basis.</p> <p>The Practice Standards have been updated in relation to permanency planning to reflect the new process and this section will be finalised in December.</p>

4 Sufficiency of Placement and Permanency Sponsor: Carol Douch and Matt Marsden with Nina Robinson Lead: Henrietta Delalu and Rachael Horner														
Ref	Improvement priority	Actions	Action Owner	Target date	Impact to be achieved/KPIs	Progress								
4.2	Permanency	(a) Increase Social workers understanding of the difference between family arrangements and Reg 24 agreement and use them appropriately	Permanency Lead	October 2021	Social workers have a stronger understanding of the difference between family arrangements and Reg 24 arrangements and use them appropriately	<p>A number of meetings have now taken place with the Transformation Lead, Permanence Lead and Case Progression Manager to review the offer of training from JLT and ensure any additional learning needs can be addressed in collaboration with partners.</p> <p>There are plans to use the Focus on Practice Newsletter to highlight and promote access to this training.</p> <p>Practice Development Lead has agreed with JLT to develop and deliver the module on kinship care/Reg 24 in January and February 2022 to ensure legal expertise informs practice learning.</p> <p>There is also working with the Connected Persons Team to help develop and sustain this area for practice improvement and build this module into the ongoing training programme accessed through Me Learning, again on a quarterly basis. JLT will be the lead on this.</p>								
4.3	Sufficiency of placements and housing for 16+ young people and Care Leavers	<p>a) Procurement of pathways for 16-25 accommodation and support</p> <p>b) Improve joint working and communication to support better transition into Council tenancies for young people</p> <p>c) Strengthen the framework for unregulated placements</p> <p>d) Promote Staying Put as a means of effective sufficiency for young people</p> <p>e) Refresh procurement lots to improve access to frameworks and reduce costs</p> <p>f) Review and refine the outcomes framework to be suitable for use in the brokerage service</p>	<p>Commissioning Lead</p> <p>Commissioning Lead</p> <p>Commissioning Lead</p> <p>Commissioning Lead</p> <p>Commissioning Lead</p> <p>Commissioning Lead/Head of SQA / Practice Devt Lead</p>	March 2022	<p>Develop and improve capacity in general, improve quality and reduce costs with achievable efficiencies against spend.</p> <p>Baseline April 2021 TSG 29.9% CLA at month end placed over 20 miles away</p>	<table border="1"> <thead> <tr> <th></th> <th>July 21</th> <th>Aug 21</th> <th>Oct 21</th> </tr> </thead> <tbody> <tr> <td>CLA at month end placed over 20 miles away</td> <td>34%</td> <td>32.9%</td> <td>34.9%</td> </tr> </tbody> </table> <p>Additional capacity has been added to the Brokerage Team in the form of a Programme Manager on secondment. The 16+ service procurement is now expected to start in December with a revised timescale for delivery of July 1st 2022 at the earliest but this is subject to additional governance and the requirement to develop business cases</p> <p>The AMZ+ project is successfully delivering significant learning about how to improve our delivery of services to support challenging young people. 1 out of the 3 young people in AMZ is leaving which will impact on the project delivering its required savings. Consideration will be taken as to which other young person will move but the learning so far will be applied to ensure this is a successful move.</p> <p>Negotiations with an experienced residential provider have been successful and plans to develop local residential sufficiency are being worked into a business case and work is ongoing with housing to secure a site. This work has the potential to provide 4 beds.</p>		July 21	Aug 21	Oct 21	CLA at month end placed over 20 miles away	34%	32.9%	34.9%
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4 Sufficiency of Placement and Permanency Sponsor: Carol Douch and Matt Marsden with Nina Robinson Lead: Henrietta Delalu and Rachael Horner						
Ref	Improvement priority	Actions	Action Owner	Target date	Impact to be achieved/KPIs	Progress
4.4	Inclusive offer	<p>a) Review current short break offer to consider opportunities for development of inclusion and better use of the universal offer.</p> <p>b) Conduct a collaborative review of Breakaway to consider options for alternative support as part of the local offer building on the universal offer and promoting inclusion</p>	<p>Commissioning Lead</p> <p>Commissioning Lead</p>	<p>March 2022</p> <p>March 2022</p>	<p>An effective offer for children, young people and their families</p>	<p>Short break analysis is ongoing and significant work is being put into developing the options papers on Direct Payments, Short Breaks and Local residential capacity including partnership working with both colleagues and providers.</p> <p>Work to build the relationship with the local children's residential home is ongoing. To date one placement has been accepted and three other referrals are under consideration. This would offer accredited residential capacity within Slough allowing for improved local connection and reduced costs for education and therapy where needed.</p>

5. Culture and Change Sponsor: Alan Adams with Tony Hunter (Chair) Lead: Carol Douch and Kate McCorriston						
Ref	Improvement priority	Actions	Action Owner	Target date	Impact to be achieved/KPIs	Progress
5.1	Diversity and Inclusion	<p>a) Implement the 28 diversity and inclusion actions contained within the workforce action plan</p> <p>b) Increase the diversity monitoring, consideration and cultural context of our children and families</p>	Head of HR and OD	March 2022	<p>Slough Children First is an inclusive and diverse organisation</p> <p>KPIs are listed within the workforce plan</p>	<p>There has been an increase in the number of staff willing to record diversity and inclusion statistics in Agresso. This is increasing our ability to understand the needs of our staff and identify areas for promotion</p> <p>Promotion of specific days e.g. National Disability Day, Black History Month and the continuous promotion of religious holiday alongside joint working with SBC to promote a variety of diversity events</p>

5. Culture and Change														
Sponsor: Alan Adams with Tony Hunter (Chair)														
Lead: Carol Douch and Kate McCorrison														
5.2	Effective communication, listening and action on the views of staff	<ul style="list-style-type: none"> a) Recognise and enhance coherent employee forums and ensure there are appropriate feedback mechanisms which closing the loop on any issues raised and actions undertaken as a result b) Revamp the variety of employee feedback mechanisms and publish 'you said we did' outcomes of action undertaken as a result of feedback c) Reinvigorate regular employee roadshows and forums to increase access to the senior leadership team d) Reinvigorate employee recognition mechanisms e) Enable staff to provide invest to save or efficiency ideas to senior managers 	<p>OD</p> <p>OD</p> <p>HR</p> <p>HR</p>	<p>Dec 2021/Jan 2022</p> <p>Next phase from March 2022</p>	<p>Slough Children First is a listening organisation which openly recognises good practice and learns from the feedback of staff, children, young people, their families and carers.</p> <p>Staff turnover (all perm staff) 20% (Monthly TSG dashboard)</p> <p>3.8% for staff sickness (all – both short and long term)</p> <p>Number of returners to Slough after leaving within last 2 years</p> <p>Temp to perm staff data Exit interview data Company health check survey</p>	<p>Focus groups have been held with team leaders, heads of service and new starters to date.</p> <p>Further groups are being scheduled from January 2022 for groups 1.5yrs/3yrs/5yrs plus to understand the employee experience and respond to blockers and issues to retention, particularly agency/permanent ratio.</p> <p>You said/we did style communications being prepared with HR team for January 2022.</p> <table border="1"> <thead> <tr> <th></th> <th>July 21</th> <th>Aug 21</th> <th>Oct 21</th> </tr> </thead> <tbody> <tr> <td>All Perm Turnover</td> <td>39%</td> <td>37%</td> <td>35%</td> </tr> </tbody> </table> <p>27% voluntary turnover (24% September 2021)</p> <p>Overall staff absenteeism 4.2% (October 2021 CPR) and 2.2% YTD 2.3% (August 2021) and 1.7% YTD</p>		July 21	Aug 21	Oct 21	All Perm Turnover	39%	37%	35%
	July 21	Aug 21	Oct 21											
All Perm Turnover	39%	37%	35%											
5.3	A listening organisation which celebrates its workforce	<ul style="list-style-type: none"> a) Each service to have consistent standing items in manager and service meetings about cultural issues, compliments and positive reinforcements of good practice. b) Sharing key documents to enable managers to hear what is going well and celebrating successes to increase communication c) Strengthen learning from complaints and compliments to inform service planning, practice and ongoing workforce development activity. d) Develop learning from service user feedback to inform service planning, practice and ongoing workforce development activity. 	<p>Head of HR</p> <p>Chief Exec</p> <p>Practice Devt Lead/PIMs</p> <p>Practice Devt Lead/PIMs</p>	<p>October 2021</p> <p>Ongoing</p> <p>October 2021</p> <p>December 2021</p>	<p>As a collective we celebrate and learn and use this to improve the experiences of individuals and collectively across services</p>	<p>HoS SQA shares a monthly report with other Heads of Service to understand complaints and compliments. Where complaints go past stage 1, learning from this is also shared with Heads of service to help with services</p> <p>Weekly transformation stand up based on everyone involved in the transformation programme and weekly focused KIT between the Director of Operations and all Heads of Service across the whole Company including Brokerage Lead is disseminating key messages and information to increase communication</p>								
5.4	Culture	<ul style="list-style-type: none"> a) Undertake a cultural review of the organisation to understand what culture we currently have and be clear on what we need to change as a result b) Ensure a culture which focuses on a continuum of need to support the needs of children, young people and families – OD lead is picking up the 'needs of the staff' in order to allow them to do their best work for children. 	<p>Head of HR and OD</p> <p>Chief Executive</p>	<p>October 2021</p> <p>March 2022</p>	<p>Slough Children First is a fair and inclusive organisation which listens to staff and works in strategic co-operation to achieve results.</p>	<p>OD lead is picking up cultural patterns and styles as part of ongoing development needs analysis so will be able to inform this work.</p>								