

Children & Young People Service Improvement Plan 2018-2019— Update for Quarter 4

CITY OF
WOLVERHAMPTON
COUNCIL



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Good
Provider

How will we know?

The table below outlines what success would look like. This will be measured through a range of qualitative and quantitative measures.

| | What does “making a difference” look like? |
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| Child | Children are safer and will be helped earlier. Children will have their voice heard. We will carry out audits to ensure that this is happening. We will ask children and young people for their direct feedback and engage them in shaping services. We will monitor engagement of children and young people in their assessments, their participation in reviews and the timeliness in which we see them. |
| Parents and carers | We will work to build parents’ capacity to enable change where needed. Parents and carers will have their views considered. They will see a coherent early help offer and be able to work with a range of agencies to access support at an early stage to avoid issues escalating. |
| Our Partners | Agencies work in partnership to support families to resolve issues and achieve improvements in outcomes that safely prevent family breakdown. The Wolverhampton Safeguarding Children’s Board (WSCB) will be recognised as being effective. |
| Children’s Workforce | All professionals working with children will be well trained and supported to achieve the best possible outcomes for children and young people. They will receive regular and effective supervision and will be supported to work effectively with children and young people and families. |
| Front Line managers | Front Line Managers will actively use performance information to drive change to improve services. They will provide effective management oversight and opportunities for reflective practice which contribute to better outcomes for children and young people. |
| Senior Management | Senior Managers will actively use performance information to drive change to improve services. They will ensure performance is regularly monitored and that improvements are having a positive impact. They will develop effective relationships with partners to ensure the system works effectively for children and young people. |
| Councillors | Councillors will fully understand their role and responsibilities and hold Senior Managers to account. |

What will we measure?

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| Quality & Effectiveness of Practice | Number of case audits undertaken Outcome of case audits undertaken Outcome of self-evaluation Outcome of regular dip sampling across services |
| Workforce | Staff Turnover Vacancy Rates Agency Rates Caseload Supervisions which have taken place over one month in CiN/CP/Children and Young People in Care/Children and Young People in Care Transitions |
| Early Intervention | Number of jointly worked Early Help Assessments with partner agencies EYFS narrowing the gap between City of Wolverhampton Council and comparators (statistical and regional neighbours) The number of identified and claimed Troubled Families The number of Troubled Families who have made significant sustained changes (not coming back in the service within the year) |
| Specialist Support Service | The number of referrals to Specialist Support and how many of those referred took up the offer and engaged with the service The number of children/young people supported by Specialist Support who have come into care and number who have remained out of care The number of children/young people supported who have come into care and are placed with parents or with Connected Persons The number of children/young people/families have had repeat referrals after being supported by Specialist Support Services |
| Children in Need/Child Protection | The number of Child Protection cases which have been closed within three months of the plan A1 indicator run for Adoptions and Special Guardianship Orders The number of children/young people reaching early permanence |
| Children and Young People in Care | The number of Special Guardianship Orders achieved Net increase in internal foster carers Increase of Care Leavers in Education, Employment and Training |
| Inclusion Support | Number of permanent exclusions |
| HeadStart | The number of families who access Zumos The number of families who access HeadStartonline |
| Youth Offending Team | Number of out of court disposals Number of young people involved in YOT who are in Education, Employment and Training |
| Safeguarding | The number of children and young people who have participated in their Children and Young People in Care reviews The number of parents who have participated in Children and Young People in Care reviews—From Quarter 3 The number of MASH contacts that translate to No Further Action The number of Early Help Assessments |

| Ref. Number | Area for Development | What Will We Do? | Timescale and Lead Officer(s) | Progress | Evidence of Impact |
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| AREA: PMQA PERFORMANCE MANAGEMENT AND QUALITY ASSURANCE | | | | | |
| PMQA 1 | Bring together performance and quality assurance information to allow greater insight and analysis of the quality of frontline practice. | PMQA 1.1 Bi-annual audit report will reflect the self-evaluation framework and incorporate performance data. | 30 November 2018 Louise Haughton/James Amphlett | The way in which audit is undertaken has significantly changed and the main audit report is now service wide. Performance information and Audit information is included and analysed in Self Evaluation which is updated twice yearly. Audit outcomes related to restorative practice are now included in performance data. In 2017-2018 35% of audits were rated "good" or "outstanding". For 2018-2019 this was 40%. | Audit reports will support social workers and managers throughout the system to gain a clear picture of how services are improving outcomes for children by analysing statutory compliance data and qualitative information gathered through the audit process. This will contribute to improved practice and a greater number of audits achieving a 'Good' judgement. |
| | | PMQA 1.2 The monthly performance report will reference relevant audit | 30 November 2018 James Amphlett | Outcome achieved via Self Evaluation and will be further embedded through | The performance report will evidence work that has been undertaken to improve services and |

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| | | findings. | | audit reports. | demonstrate the impact of this work to ensure the feedback loop is closed. |
| | | PMQA 1.3 Meet with Heads of Service to incorporate a qualitative review of practice into all performance meetings. | Proposal to performance meeting in March 2018 Louise Haughton James Amphlett | The way in which audit is undertaken has changed. HoS and Service managers now spend 4 days over two weeks undertaking audits and observing practice twice annually. This enables a good understanding of what practice looks like, finding are discussed at management meetings. | Heads of Service will have opportunities to discuss case work and develop a shared understanding of what practice looks like and what needs to happen to improve the quality of services for children and young people. |
| | | PMQA 1.4 Embed senior management practice days. | 30 June 2018 Louise Haughton | A review of the Audit Framework has been completed, and it is agreed that senior managers will complete two practice weeks each year. A two-day pilot took place over the 26-27 September where the feedback was positive. A full week will take place in November and it is | Senior managers have a firsthand understanding of what frontline practice in their area of service is like. Employees experience greater senior management presence and are able to discuss cases and practice in an informal setting. This will result in improved relationships between |

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| | | | | planned that practice weeks will take place twice/year going forward; in February and September. | senior managers and frontline workers as evidenced in employee surveys. |
| | | PMQA 1.5 Review performance framework against new priorities and the self-evaluation to ensure managers have clear line of sight to frontline practice | 30 June 2018 James Amphlett | Complete | Senior managers have the information they need to be provided with assurance that frontline practice is safe and improves outcomes for children. |
| PMQA 2 | Ensuring the social care recording system supports accurate and consistent recording and reporting. | PMQA 2.1 The new social care system to be implemented and will allow more consistent recording and reporting. | Still awaiting date for the implementation of Eclipse Alison Hinds | This is on track to be delivered within timescales. | Social workers feel the case recording system has helped them spend less time in front of computers and support them to record effectively. The new social care system will support the collection of data for national returns as well as local performance information. |
| PMQA 3 | Promote a consistent understanding of what good looks like across the management structure. | PMQA 3.1 Audit Champions will meet bi-monthly to moderate audits completed. An "audit the auditor" tool will be used which will compare audits against Ofsted | 31 March 2019 Louise Haughton | During the September 2018 Ofsted Focused Visit Ofsted were positive about the quality of our audits. Going forward, all audits will be | There will be consistency between the audit findings of 1 st and 2 nd auditors during case file audits. Audit the auditor sessions will find that there is an agreement in |

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| | | Standards and learning will be briefed to managers. | | <p>completed by the senior management team. We therefore feel confident that we know what "good" looks like.</p> <p>During the Ofsted focused visit in September 2018, inspectors commented, "audits were balanced and evaluative, bringing reflection and critical analysis, auditors do not sufficiently engage with social workers and this is a missed opportunity to improve practice." While Ofsted felt that the two-tier approach to auditing was a strength, we feel that the change in the audit framework will improve the engagement with social workers during audit which will lead to improved practice.</p> | the audit findings. |
| | | PMQA 3.2 An updated Quality Assurance Framework | 31 January 2019 Louise Haughton | The framework has been reviewed and a two-day pilot of the | Audit will have a greater focus on the experience of the child. |

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| | | and new audit tool will be briefed out to all managers. | | proposed Practice Weeks took place on 26-27 September 2018. This was seen as a very positive experience and we will now implement two practice weeks/year, starting in November 2018. QA framework has been updated in line with the new process. | Staff will feel that audit is an opportunity to reflect, learn and develop their skills. |
| PMQA 4 | Managers will be able to access data and management information on the self-serve basis. | PMQA 4.1 Power BI will be implemented | 31 March 2019 James Amphlett | Power BI Has been developed and all social work performance reports are now delivered through this system. Managers now have access to the new performance data which is updated daily. | First line managers will be better equipped to manage performance within their teams, resulting in greater compliance around key performance indicators. |
| AREA: EI EARLY INTERVENTION | | | | | |
| EI 1 | Embed the whole family approach. | EI 1.1 All services will consider the impact of influencing factors from significant family members on the presenting needs of a | 31 March 2019 Alison Montgomery | A review of early help work has been commissioned to test out our hypotheses around this. This will be completed in May | Audits, including dip samples, will show this is considered in plans which have been developed. |

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| | | child and how these can be addressed in any plans developed. | | 2019. Areas for improvement will move into Strategic Plan for 2019/20. | |
| El 2 | Embed the use of Early Help processes and tools across the whole system. | El 2.1 Timely, high quality assessments and plans leading to better engagement and improved, sustained outcomes. | 31 March 2019 Alison Montgomery | As above. | Increased numbers of early help assessment being completed across the partnership from 346 in 2017/18. Practice week feedback indicates positive impact for individuals. |
| El 3 | Develop communities as assets. | El 3.1 Continue to build on programmes such as parent champions which support and sustain families within their local area rather than requiring services. | 31 March 2019 Alison Montgomery | Bid to Big Lottery has been successful. Posts are being established – 4 big lottery champion navigators. Micro-commissioning has been reviewed and we have ceased commissioning areas that we don't require. | Increased number of mentors/parent champions. Increased number of young people taking an active role in the delivery of Early Help. |
| El 4 | Ensure parents have the skills, confidence and networks to parent appropriately. | El 4.1 Partners will work together provide the right support, at the right time. There will be a range of self-help and support options | 31 March 2019 Alison Montgomery | We are on track for the increase of the offer. This is being promoted widely to encourage the increase in numbers. We are working closely with Impact | Take up of funded 2 & 3-year-old nursery places. Increase in skills and employment. Reduction in families facing |

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| | | available. | | and have one full time worker in Early intervention. She has a high referral rate for parents involved with Early Intervention to get them into employment. Referrals from housing are being received and this is improving the working relationship between Housing and Early Intervention. Jointly funded housing worker post to be established. | homelessness/eviction. |
| El 5 | Increase the number of children achieving a good level of development. | El 5.1 Children will have increased Good Level of Development at the Early Years Foundation Stage and will attain in line with National Expectations. | 31 March 2019 Alison Montgomery | This will be updated at the end of the academic year as this is the only time this is measured. | % improvement in good level of development. More children are at an expected level and the gap has diminished. |
| El 6 | Develop an integrated locality support service to provide targeted Early Help to children and families. | El 6.1 Services are within or aligned to the Hub and support our Early Help offer, through reshaping specifications, and identifying opportunities to recommission | 31 March 2019 Alison Montgomery | Police Officers and BEAM Service are now part or aligned to hubs. | Services that have been co-commissioned with children, young people, parents & carers. No's of services co-located/co-delivered. |

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| | | on a shared basis. | | | Delivery of range of services that are jointly commissioned. |
| | | EI 6.2 Build the capacity of parents, carers and communities to provide support and Early Help to their friends, neighbours and their community. | 31 March 2019 Alison Montgomery | Need better understanding of the data. | |
| EI 7 | Increasing the number of Troubled Families identified who have made and significant sustained improved outcomes. | EI 7.1 We will continue to provide a good level of support to families who meet the "Troubled Families" criteria in order to empower them to make and sustain improved outcomes. | 31 March 2019 Alison Montgomery | | Target met for the number of families identified and engaged on the programme of 2890 families. Currently the TF programme has identified 3,125 families and turned around 1314 of these. Following successful submission of the March 2019 PBR claims our PBR conversion rates was 45% however with the 470 claims already confirmed for the June 2019 window this is likely to rise to around 62% This will result in |

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| | | | | | us exceeding our June target of 1750 |
| El 8 | Ensure that thresholds across the service are correct. | El 8.1 A review of Early Intervention cases will look at thresholds and determine if the initial and current thresholds are correct. | 31 March 2019 Alison Montgomery | A review of early help work has been commissioned. This will be completed in May 2019. Areas for improvement will move into Strategic Plan for 2019/20. | Audit findings will show that initial and current thresholds in Early Intervention and Child Protection are correct. |
| AREA: SSS SPECIALIST SUPPORT SERVICE | | | | | |
| SSS 1 | Increasing the use and engagement with family group conferencing (FGC) and family meetings to prevent family breakdown and reduce reliance on services. | SSS 1.1 Ensure frontline staff and managers attend an update briefing on the use of family meetings and family group conferencing. | 31 May 2018 Rachel King | A number of Family meeting workshops have been delivered across the city. 95 members of staff have attended a workshop. 24 workshops were scheduled but 12 were cancelled due to lack of registration. Further workshops may be offered in 2019. It is still not possible to record family meetings on CareFirst in a way that is reportable. It was envisaged that this would be | Number of Family meeting workshops delivered. Number of members of staff who have attended a family meeting workshop. Number of family meetings held to evidence increase in use. |

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| | | | | <p>resolved with the introduction of Eclipse. Delays in the roll out of Eclipse has impacted on the ability to report the number of family meetings being held.</p> <p>Early Intervention staff record family meetings and have completed the following number of meetings:</p> <p>April – 230 May - 191 June - 167</p> <p>These evidences good use of family meetings across early intervention.</p> | |
| | | <p>SSS 1.2 Work with the pre-birth assessment team to embed the mandatory offer of FGC for all unborn babies on a CP plan.</p> | <p>31 December 2019</p> <p>Rachel King</p> | <p>30% of unborn babies who are subject to Child Protection Planning have been referred for a Family Group Conference (this was 53% in Q1). Of those who have been referred, 83% have engaged in the FGC process (this</p> | <p>Percentage of all unborn children on a CP plan who have been referred for FGC.</p> <p>Percentage of all unborn children on a CP plan who have engaged with FGC.</p> <p>To be reported quarterly</p> |

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| | | | | was 50% in Q1). This shows that although there were fewer referrals, this has been more successful as the conversion rate to engagement is much higher. | |
| | | SSS 1.3 To work with Upper Pendeford Farm to increase the level of engagement with the mandatory FGC offer. | 31 December 2018 Rachel King | 42% of young people accessing short breaks during quarter 1 had been referred to FGC; 8% engaged. During quarter 2, 53% of young people accessing short breaks had been referred to FGC; 30% engaged. | Percentage of all young people accessing short breaks at UPF who have been referred for FGC. Percentage of all young people accessing short breaks at UPF who have engaged with FGC. To be reported quarterly |
| | | SSS 1.4 To pilot the safe use of FGC in cases where there are issues of domestic violence. | 31 December 2018 Rachel King | Of the 3 DV cases piloted in FGC during quarter 1, one family has disengaged during quarter 2. The other two cases are still engaging with FGC. A meeting has also been scheduled for October 2018 with the Domestic Violence Forum Coordinator to further | Number of DV cases who have engaged with FGC. Outcome of domestic abuse cases following FGC intervention. |

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| | | | | explore the safe use of FGC in DV cases. | |
| | | SSS 1.5 To continue to gather good practice from other local authorities around the positive and effective use of FGC. | 30 September 2018 Rachel King | Information has been gathered from Leeds. The Principal Social Worker and FGC Coordinator have met to discuss the use of FGC for cases going to ICPC. It was agreed to pilot the offer of FGC being made to families at the point of the ICPC request. A meeting has been held with IROs to also discuss this. If the offer of FGC at the point of ICPC proves successful we will look to develop even further and consider if FGC could be used instead of ICPC. | Regular briefing note updates from FGC coordinator. |
| SSS 2 | Focusing on reducing the number of women who have a 'repeat removal' of a child. | SSS 2.1 Work with Public Health colleagues to extend the Partnering Families team contract to include support for pregnant women of all ages at risk of having their child removed. | 31 March 2019 Rachel King | Public Health have provided additional funding to Royal Wolverhampton Trust to enable the Partnering Families Team (PFT) to extend their remit to include work with pregnant mothers over the age | Number of vulnerable pregnant women supported by the PFT. Percentage of women supported who have child removed from their care. |

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| | | | | <p>of 25 who have had a previous removal. Recruitment is underway. Once this additional post is filled the PFT manager will brief social work teams.</p> <p>Timescale has been extended to allow for this data to be received.</p> | |
| SSS 3 | Opening of an in-house assessment children's home aimed at supporting vulnerable and complex adolescents to improve future placement stability. | SSS 3.1 TUPE Staff across from Cambian Care and induct into the Council. | 30 April 2018 Rachel King | Complete. Staff TUPED across on 1 st April 2018. | Staff transferred into the local authority. |
| | | SSS 3.2 Appoint staff to the new staffing structure. | 31 December 2018 Rachel King | Structure and staffing in place. | Staffing structure agreed and in place. |
| | | SSS 3.3 Successfully register the new provision with Ofsted. | 31 December 2018 Rachel King | Ofsted registration application approved in May 2019. | Ofsted registration achieved. |
| | | SSS 3.4 Develop and implement relevant policies and procedures. | 30 June 2018 Rachel King | Complete. All policies/ procedures required for Ofsted have been completed | Policies and Procedures approved by Ofsted as part of the registration process. |
| | | SSS 3.5 Develop a system to monitor the impact of the service. | 31 March 2019 Rachel King | Performance measures for the new home have been agreed and a system has been set up to record information and allow monthly | <p>Number of young people accessing Merridale Street West (MSW).</p> <p>Outcomes for young people following a</p> |

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| | | | | data reporting. Timescales have been extended to allow for data to be collected. | placement at MSW. Placement stability of young people who have accessed MSW. |
| SSS 4 | Ensuring information gathered via missing return interviews is used to inform casework planning and risk management. | SSS 4.1 Repeat a dip sample audit of missing from home/ care case files to evidence whether return interview information is being utilised. | 31 December 2018 Rachel King | | Audit findings presented to CYP management team. Percentage of overall cases audited judged as 'good' or 'Outstanding'. |
| SSS 5 | Developing and expanding the use of the contact centre to generate income. | SSS 5.1 Facilitate a planning session to discuss future use of the contact centre. | 31 May 2018 Rachel King | Completed. A meeting was held to discuss potential developments in the Contact Centre | Meeting held to discuss the future of the contact centre. |
| | | SSS 5.2 Produce a development plan for the contact centre. | 30 September 2018 Rachel King | This has been completed. A project plan has been written which will be overseen by the CYP Management Team. | Development plan in place with progress overseen at CYP management team. |
| | | SSS 5.3 Implement contact centre development plan. | 31 March 2019 Rachel King | The first project steering group was held on 18 October 2018 and meeting regularly. This work will be completed in 2019-20 | Income generated as a result of the contact centre developments. |
| AREA: CiN/CP CHILDREN IN NEED/CHILD PROTECTION | | | | | |
| CiN/CP 1 | Ensure Interventions within CiN/CP occur at the right level, at | CiN/CP 1.1 A quarterly review of all | 31 March 2019 | Team Managers undertake this to | A reduction in the number of children |

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| | the right time. | CiN/CP cases, led by Team Managers, will take place to ensure intervention is appropriate. | Alison Montgomery and all Team Managers in CiN/CP | <p>ensure a consistent approach is taken. Learning styles exercise to be undertaken with Service Managers/Team Managers led by HofS</p> <p>Quarterly reviews being undertaken with EI/CIN&CP and Children and Young People in Care.</p> <p>The numbers of children receiving support have appropriately reduced across Child in Nee/Child Protection and Children and Young People in Care</p> | <p>subject to a CP plan for 3 months.</p> <p>Audit feedback evidences correct threshold. 1037 in 2017/18 to 821 in 2018/19 for CIN and 379 in 2017/18 to 330 in 2018/19.</p> |
| CiN/CP 2 | To ensure that Children and Young People who access short breaks are visited and reviewed in line with other children who are subject to a child in need plan. | <p>CiN/CP 2.1</p> <p>This will continue to be reviewed quarterly.</p> | <p>Quarterly until 31 March 2019</p> <p>Alison Hinds</p> | The Short breaks policy reviewed as part of the updated policy that children subject to short break CIN plans are seen every 12 weeks, as opposed to 6-monthly. Where there are concerns of a CIN | Performance data evidences the increase in children being seen every 12 weeks when in receipt of a short break. |

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| | | | | <p>nature these will be visited and seen as per CIN planning policy. All children are seen as per policies however there has been inaccurate recording.</p> <p>Social workers in the team had been wrongly recording CIN visits as observations and not on a CIN visit form, all Social workers have been asked to rectify and record correctly. Data cleansing is currently being undertaken to rectify this and will be actioned within 4 weeks.</p> <p>Short break policy reviewed and presented to Children and Young People Management Team in November 2018. All staff briefed on changes</p> | |
| | | CiN/CP 2.2 The frequency of visiting has now been changed | 30 April 2018 Alison Hinds | Completed | Same as CiN/CP 2.1 |

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| | | to a minimum of three monthly to ensure that these children are receiving a good quality support service and that their needs can be regularly assessed. | | | |
| CiN/CP 3 | To ensure that permanency is sought at the earliest opportunity, when children cannot live with their parents. | <p>CiN/CP 3.1 Permanence options will be discussed and considered from the time a child/young person enters care. This will include:</p> <ul style="list-style-type: none"> • Appropriate use of the redesigned Admission to Care Panel form • Adoption manager will continue to sit on Admission to Care Panel to support permanency discussion at start of the episode of care. • Permanence will be considered at Head of Service Placement Oversight Panel (HOSPOP). This is triggered at: 6-weeks from admission, 12- | <p>31 December 2018</p> <p>Alison Montgomery Alison Hinds</p> | <p>At the end of the second quarter, 6 children achieved early permanence. This includes children who are placed in a connected persons placement who are being assessed as adopters.</p> <p>Pre-birth assessors/Court Team now established and are concluding care proceedings significantly quicker.</p> <p>Rep from Regional Adoption Agency to join Admission to Care Panel.</p> <p>Seven children were placed in early permanence</p> | <p>Increase the numbers of children who achieve early permanence from 3 in 2017-2018 to 6 in 2018-2019.</p> |

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| | | weeks from admission and 2-weeks before final evidence is submitted. | | placements 2018-2019. | |
| | | CiN/CP 3.2 A presentation is being delivered across all social work teams, including senior managers, to ensure that all staff are aware of different permanency options and expectations around each. | 30 June 2018 Alison Montgomery | This has been completed in all teams. Since the end of March 2018, we have approved an additional 11 connected carers. | Reviews of cases will show that children who are privately fostered or in a connected person placement are appropriately identified. |
| CiN/CP 4 | Further develop the quality and timeliness of pre-proceedings work. | CiN/CP 4.1 Process re: admission to care has been tightened up to clear on process and tracking has been established to ensure that timescales are met. The impact of these changes will be evaluated after six months. | 31 March 2019 Alison Montgomery | The new court team will be in post on 1 November 2018 and this will be picked up as part of that work stream. Due to this, the timescale has been extended to end of March 2019. Majority of pre-proceedings now sits in Court Team. Reviewed Pathway being developed. Impact will be evaluated in June. Launch new pathway in May. | Reviews of impact will show that processes are followed, and timescales are met for pre-proceedings work. |

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| | | | | 35 applications were commenced and concluded between 1/4/18 -31/3/19. Of the 35 concluded the average case duration was 24.9 weeks. In this financial year seven early permanence placements have been made and most children are placed with prospective adopters within 3 months of a placement order being made | |
| AREA: IS INCLUSION SUPPORT | | | | | |
| IS 1 | Embedding person-centred approaches to planning for children and young people with special educational needs or disabilities, so that support is tailored to achieve meaningful and aspirational outcomes. | IS 1.1 Use PATH or alternative person centred process in transitional year reviews for Year 9 onwards. | 31 July 2019 Rob Hart | A draft planning tool has been created to embed preparing for adulthood outcomes into person centred planning process. This is being reviewed by Connexions and we are working with Connexions to use in reviews from Sept '19 | Number of person-centred transition reviews completed. Young person/ parent feedback on process |
| | | IS 1.2 Develop person centred approach for contributing to neurodevelopmental | 31 March 2019 Rob Hart | The new pathway has not been implemented by CCG/CAMHS yet. The pathway is | New approach in place. Young person/ parent feedback on involvement. |

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| | | assessments. | | currently being reviewed by CCG. The CCG have advised that the plan will now be in place in Sept 2019. | |
| IS 2 | Building capacity within schools to identify and provide effective support for children and young people with social, emotional and mental health (SEMH) needs. | IS 2.1 Train all Wolverhampton schools in the "Getting it Right" approach. | 31 December 2018 Rob Hart | 11 courses have been offered during the year. Over 200 delegates from 96 schools have accessed training. Staff from other teams, including SENSTART, Behaviour & Attendance and Virtual School have also accessed training. | Delegate evaluations have been positive and 99% of those who have completed feedback reported that the training was either good or excellent. School census information will be able to tell us if we have increased the identification of SEMH needs. Figures from January 2019 will be published in June 2019. |
| | | IS 2.2 Work with outreach service to develop service capacity and SEMH offer. | 31 March 2019 Rob Hart | New outreach service SLA has been implemented, which has increased service capacity. The outreach offer has been aligned to the Getting it Right approach. Service has developed WELL (Wellbeing and emotional literacy | Referrals to the outreach service doubled to over 200 for last academic year. 29% of these related to SEMH needs. In 45 cases schools have reported that outreach intervention helped to prevent exclusions and in 91 cases schools reported that outreach |

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| | | | | leaders) training programme – an extended training course for teachers and teaching assistants. | involvement helped to improve pupil behaviour. There were 4 children permanently excluded after being referred to outreach. There have been no permanent exclusions from schools who have accessed WELL training. |
| | | IS 2.3 Scoping of outreach support from Pupil Referral Units/alternative provision to improve reintegration. | 30 September 2018 Rob Hart | The bid has been submitted but was not successful. There has been a review of alternative provision and plans are in place to develop a multi-agency assessment team that can build on the STAR model. Although the bid was unsuccessful (only 3% accepted) we have marked this as “complete” as we did what we said would do. | Successful bid to DfE AP innovation fund. Development of STAR (supporting transition and reintegration) project. Long-term aim – increase % successful reintegration from PRUs/AP. |
| IS 3 | To reduce the number of children and young people being excluded from schools, or otherwise being removed from school rolls. | IS 3.1 Embed Restorative Practice as part of the exclusion prevention meetings. | 31 March 2019 Rob Hart | Service manager has worked with team to promote high support/ high challenge approach. EPM | 75% of exclusion prevention meetings do not result in a permanent exclusion. However, 90% of |

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| | | | | process has not been changed due to mixed level of engagement from schools.. In 2019/20 B&A team will be restructured and a new approach to exclusion prevention implemented. | permanent exclusions occur without schools having arrange an EPM. |
| | | IS 3.2 Working with school improvement to improve monitoring of exclusion data and provide challenge and support to schools who show high levels of exclusion. | 31 March 2019 Rob Hart | Exclusion and EHE data profile has been developed. Regular meetings taking place between IS, SI and SEND to identify schools causing concern, and agree how to support and challenge. RH and director of education have met with heads of schools with high levels of exclusions and schools becoming EHE to discuss concerns. | Based on figures at end of April '19, expected PX numbers for academic year are: Primary: 14 Secondary: 115 Special: 2 Total: 131 This would represent a: <ul style="list-style-type: none"> • 33% reduction in primary PX • 20% increase in secondary PX |
| | | IS 3.3 Engage school leaders to develop agreed protocols for avoiding exclusions. | 31 March 2019 Rob Hart | Working group has been set up comprising 14 HTs and other stakeholders. Draft protocols have been developed and being consulted on. Plans | Stakeholder-run processes in place. Reduction in numbers of exclusions |

| Ref. Number | Area for Development | What Will We Do? | Timescale and Lead Officer(s) | Progress | Evidence of Impact |
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| | | | | for implementation of panel process from September '19. | |
| | | IS 3.4 A summit will take place involving the Director of Education and schools to share best practice in reducing exclusions. | 31 st December 2018 Rob Hart | This is planned for 8 November 2018. | The summit will take place and evidence of effective practice in reducing exclusions will be shared. |
| AREA: HS HEADSTART | | | | | |
| HS 1 | Ensuring that children and young people who are supported by HeadStart have their mental health and wellbeing needs met. | HS 1.1 Improved wellbeing of 10 to 16-year old's in scope of the HeadStart programme | Every quarter until 31 March 2019 Ashley Banks | Zumos and HeadStart On Line are now part of the HeadStart city wide digital offer. ZUMOS and HeadStart online were rolled out during 2017-18 academic year. A phased approach was taken for Zumos meaning data collection will not start until academic year 2018-19. Q1 Baseline data for HeadStart On Line, 2018-19 Total unique visitors is: <ul style="list-style-type: none"> • April 252 • May 265 • June 284 | Increase in number of young people accessing support through Zumos and HeadStart on line provision |

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| | | <p>HS 1.2 Reduction in the onset of mental health disorders for 10 to 16-year old's in scope of the HeadStart programme</p> | <p>Every quarter until 31 March 2019</p> <p>Mai Gibbons</p> | <p>Wolverhampton BEAM service has only been operational for a very short time. Data will be collected as part of the performance management framework for the service. Data is expected from Q2 onwards</p> <p>CAMHS Tier 3 is an existing NHS service. CCG supply quarterly data on number of 10-16-year old's accessing CAMHS from HeadStart area postcodes.</p> <p>CAMHS Baseline for Q1 2018-19 is:</p> <ul style="list-style-type: none"> • 531 young people (aged 10 to 16) across the City accessed specialist CAMHS services. • 150 of the 531 young people were from HeadStart area postcodes | <p>Reduction in the number of young people in HeadStart areas requiring specialist CAMHS (tier 3) and monitoring of young people accessing Wolverhampton Beam from the HeadStart areas.</p> |

| Ref. Number | Area for Development | What Will We Do? | Timescale and Lead Officer(s) | Progress | Evidence of Impact |
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| | | | | (approximately 28%). | |
| AREA: CYPIC CHILDREN AND YOUNG PEOPLE IN CARE | | | | | |
| CYPIC 1 | Enabling children/young people to safely live within families without ongoing social work intervention. | CYPIC 1.1 Increasing the number of applications for special guardianship orders (SG) to 30 in the year. | 31 March 2019 Alison Hinds | Children with a plan of SGO are being tracked monthly to ensure care plans are being progressed appropriately. In the first half of 2018-19 there have been 7 completed special guardianship orders, 6 from children and young people and care and 1 not in care. There are 8 further letters of intent for children in care. Review Panel in place and dealt with as business as usual. | There will be 20 Special Guardianship Orders in year (double last years figure) |
| | | CYPIC 1.2 Continuing to improve timeliness of placing children for adoption (improvements in A1 and A2 measures). | 31 March 2019 Alison Hinds | A1 has increased to 683 because we have progressed plans for 4 children who have been in care for a significant period of time. Some of these children were adopted by their long-term foster carers, which is a positive outcome despite the | A1--487 days A2--121 days |

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| | | | | long time in care. A2 is 160, which is moving in the right direction. | |
| | | CYPIC 1.3 Continue to revoke Care Orders for children placed with parents when it is no longer required for them to remain in care. | 31 March 2019 Alison Hinds | In the first half of 2018/19 11 Care Orders have been revoked for children who are placed with their parents. | 12 revocations at 31 March 2019. |
| CYPIC 2 | The educational attainment gap between children and young people in care and Care Leavers, and their peers, needs to be narrowed. | CYPIC 2.1 We will ensure that children and young people have a good quality, SMART PEP which will support progress in their education. | 31 December 2018 Rob Hart | Overall PEP quality has improved in each academic term, as outlined below: Good and Outstanding PEPs Spring '18 – 69% Summer '18 – 77% Autumn '18 – 78% SMART Targets rated good/green Spring '18 – 46% Summer '18 – 63% Autumn '18 – 71% Approx 150 PEPs are audited each term, across all age ranges. Spring 2019 audit report is currently being completed. | Audit activity will show that there is improved evidence of SMART PEP's. Educational outcomes for children and young people in care will improve. |

| Ref. Number | Area for Development | What Will We Do? | Timescale and Lead Officer(s) | Progress | Evidence of Impact |
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| | | CYPIC 2.2 All children and young people in care have access to suitable education provision which meets their needs. | 31 August 2019 Rob Hart | Over 99% of CYPiC have a suitable education provision. The exception is 1 OOC pupil - 0.2% of the cohort – who is currently accessing online learning and a mentor. 1:1 tuition is provided for the very small number of pupils – usually emergency placements outside Wolverhampton and with SEND – who do not yet have an identified long-term provision. In such cases, the virtual school works closely with the receiving LA to secure long-term provision asap, alongside arranging the 1:1 tuition. | All children and young people in care will be enrolled in suitable educational provision. |
| CYPIC 3 | Increase the number of internal fostering placements to enable children to live locally within their community. | CYPIC 3.1 Continue to work with the Family Values Project to improve recruitment and retention and have a net gain of 26 internal foster | 31 March 2019 Alison Hinds | Since 31 March 2018 we have a net gain of 5 internal foster carers. We are continuing to utilise the Family Values Project to support | There will be a net gain of 37 internal foster carers. |

| Ref. Number | Area for Development | What Will We Do? | Timescale and Lead Officer(s) | Progress | Evidence of Impact |
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| | | carers. | | increase enquiries and referrals. | |
| CYPIC 4 | Embedding services for care leavers aged 18-25-year olds. | CYPIC 4.1 Develop and launch the Care Leaver Offer. | 31 October 2018 Alison Hinds | The Local Offer was approved at Cabinet in September 2018 and has been published on Wolverhampton Information Network (WIN). The Local Offer launched on 30 October 2018 to end Care Leaver week. | |
| | | CYPIC 4.2 Monitor and review take-up of care leaver services for young people aged 21-25. | 31 March 2019 Alison Hinds | <p>All care leavers between age 21-25 have been written to at their last known address. Further communications have been undertaken via Wolverhampton Today and Social Media.</p> <p>Requests to return to the service 21-25 – 31</p> <p>Those that have stayed open after turning 21 post April – 8 out of 14</p> <p>Total number receiving the service</p> | All care leavers will be offered the opportunity to take up this service. |

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| | | | | 21-25 – 39 | |
| CYPIC 5 | Increasing the number of vulnerable 16+ engaged in education, employment and training (EET). | CYPIC 5.1 Implement EET Action Plan. | 31 March 2019 Alison Hinds Rob Hart | EET at the end of March 2019 is 5% for national indicators and 68% for local indicators. This will be updated again at the end of the third quarter. EET coordinator has been off for about 6 months and this has affected performance | Care leavers post 18 – 80% EET (local indicators); 70% EET (national indicators). Children and young people in care in year 12/13 (age 16-18) - 90% EET. Care Leavers in year 12/13 - 80% EET. |
| CYPIC 6 | Establishing Regional Adoption Agency (RAA). | CYPIC 6.1 RAA will go live. | 31 March 2019 Alison Hinds | RAA went live on April 1 st 2019 | The RAA will be in place. |
| AREA: YOT YOUTH OFFENDING TEAM | | | | | |
| YOT 1 | Increase the Out of Court (OOC) offer to young people to reduce the number who reoffend and formally enter the Criminal Justice System. | YOT 1.1 Delivery of Community Resolution (CR) workshops and ensuring young people who have received an OOC under assessment & an offer of a programme were appropriate. | 30 March 2019 Nicky Denny Toni Finlayson | Community Resolution and Youth Cautions following initial assessment are now routinely being offered more in-depth assessment and intervention. All open OOC young people now have full access to all provision and specialisms within the | Reduce levels of re-offending and entry into the criminal justice when compared to 2017/18. Assessment & interventions increased for CR and YC, compared to 2017/18 |

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| | | | | <p>YOT, including ETE, CAMHS, Health & 360.</p> <p>Review and implementation of the out of court disposals (OOCd) processes and the extension of a prevention offer -79% engagement rate on recorded Community Resolutions (CR) and 90% on all OOCd.</p> <p>Reoffending tracker indicates a binary reoffending rate of only 6.1% for OOCd cases.</p> | |
| | | <p>YOT 1.2 Implement step down into Early Help for any on-going needs to be addressed.</p> | <p>31 December 2018</p> <p>Celia Payne Rachel King</p> | <p>Meetings have taken place between YOT and Early Intervention to discuss the step down from YOT.</p> | <p>Evidence of Seamless transition to Early Help on exit from YOT services, when ongoing needs assessed.</p> <p>Evidence of on-going needs being met within the Early Help Service.</p> <p>Feedback from staff and families.</p> |
| YOT 2 | Increasing the engagement of | YOT 2.1 | 30 March 2019 | PNIFTED & Post 16 | Increase school age |

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| | YOT young people in education training and employment (ETE) with specific focus on post 16 support. | PNIFTED & Post 16 panels to scrutinize NEET. | Lianne Evans Celia Payne Rachel King | NEET panel has been reviewed and membership updated. All cases now screened & allocated to dedicated ETE support workers in YOT. The engagement levels for young people for 2018-2019 at school age are 76% and for post school age are 52%; an improvement of 3% when compared to the previous year for school age and comparable for the post school age. | engagement (25 hours) at the end of an order compared to 2017/18. Increase post 16+ engagement (16 hours) at the end of an order compared to 2017/18. |
| | | YOT 2.2 Coordinated targeting of resources to mentor young people into education, training and employment. | 30 March 2019 Lianne Evans Celia Payne | SOVA & Connexions access remains available. Agreement received with Talentmatch & IMPACT on pathways to access mentoring support services. The specific commissioned post-16 support for YOT young people via the IMPACT programme | Increased young people being able to access mentoring resources. Increased engagement rates with ETE compared to 2017/18. |

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| | | | | is yet to be finalise and will therefore carry forward into next year. | |
| | | YOT 2.3 Virtual Head to support identification of alternative placements. | 30 March 2019 Darren Martindale | <p>Recommendations from the review of alternative provision, led by the SEND Commissioner, aims to ensure we have the right provision available in the city for school aged pupils and that quality is regularly monitored. The Virtual Head is engaged in this workstream.</p> <p>In specific relation to post 16 provision, the Virtual Head has pulled together information on post 16 vulnerable learners (CYP in Care, YOT, SEND) to ensure the post 16 offer is considered within the post 16 strategy.</p> <p>There is a commitment to commission a</p> | <p>Increase range of alternative placements available for young people.</p> <p>Improve the engagement rate of young people in alternative placements when compared with 2017/18.</p> |

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| | | | | bespoke post 16 provision for YOT young people via the IMPACT programme. However, this has not yet been finalized and so will be carried forward into next year. | |
| | | YOT 2.4 Identification of additional support for young people with Special Educational Needs (SEN)/Education, Health and Care Plan (EHCP). | 30 March 2019 Darren Martindale Chris Wood Rachel King | Developments in Special Educational Needs (SEN) and Education Health and Care Plan (EHCP) integration into core delivery of the YOT. 41 young people from the open cohort on the 30 th April 2019 are identified as SEN; equating to 49%. 20 (24%) requiring SEN Support and 21 (25%) with an Education Health and Care Plan Funding via the CCG has been agreed to fund a Speech & Language worker at the YOT | Accurate identification of all young people with SEN/EHCP involved with YOT. ETE placement suitable for identified SEN/EHCP. Increase ETE engagement for SEN/EHCP identified young people compared to 2017/18. |
| YOT 3 | Co-ordinating the multi-agency work across the city related to gangs and youth violence. | YOT 3.1 Coordinate and review outcomes against action of the Youth Violence & | 30 October 2018 Celia Payne | YOT actively engaged with SWP in the development of the new Serious | Action plan will review outcomes to evidence greater co-ordination in Children Services work |

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| | | Gang Action Plan. | | <p>Violence & Exploitation Strategy task & Finish group.</p> <p>YOT remains an active participant at the Gangs Steering Group and has held a community outreach event with member of the voluntary sector to identify areas of joint work going forward. In addition, YOT working closely with the new senior management team at West Midlands Police to further develop the co-working relationships with YOT and Children Services.</p> | with Youth Violence and gang affected young people & families. |
| | | <p>YOT 3.2 Continue six-weekly Gang Profiling meetings.</p> | <p>30 March 2019</p> <p>Celia Payne</p> | <p>Six-weekly gang profiling meeting still in place. Gang Profile circulated to all children services lead managers to appropriate identification & use.</p> <p>Work continues with the police to ensure all information/</p> | <p>Evidence of teams using profiling information to inform practice and interventions.</p> <p>Effective information sharing between Police & Social Care.</p> <p>Identification of gang patterns and areas of risk.</p> |

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| | | | | intelligence is coordinated via the six-weekly meetings. Strengthening Family Police Officers (Neighbourhood) now proactively involved in profiling meetings. | |
| | | YOT 3.3 Refine the Gang Screening Guidance Tool & embed use within YOT & Children Services. | 31 March 2019 Celia Payne | Gang screening Tool refined and circulated to all Children Services Teams. There is evidence that tool is being more broadly used within children services teams and embedded in YOT practice. | Development of screening guidance. Evidence of use in all Children Services teams. Evidence that young people are being identified at the earliest opportunity. |
| YOT 4 | Implementation of the findings from the ALTAR (Abuse, Loss, Trauma, Attachment, Resilience) research project to increase knowledge & skills of to develop trauma informed practice and interventions. | YOT 4.1 YOT staff attendance on ALTAR training and assessment research. 10 cases have been identified and a review of the research findings will be completed. | 30 March 2019 Celia Payne | ALTAR research findings completed. Wolverhampton Finding report commissioned & presented by Alex Chard to YOT and members of YOT Management Board. Findings provide further evidence to continue the work on implementing trauma informed practice at | Training and research assessments completed on 10 cases. Evidence from research used to review current practice. Evidence that assessment, intervention & delivery incorporates principles of ALTAR. |

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| | | | | the YOT. Full report published in January 2019. | |
| | | YOT 4.2 Review of existing practice and processes and the implementation of new trauma informed practices & resources. | 30 March 2019 Celia Payne | This is an on-going piece of work which will be part of the framework of training & operational review. Intense training for YOT staff on trauma informed practice has been commissioned and there is evidence from case audits about this impacting in practice. | ONSET & ASSETPLUS evidences trauma/ACE informed assessments. Intervention Plans evidences effective techniques to work with trauma affected young people. |
| YOT 5 | Increasing the participation of YOT young people by ensuring their views are heard and used to shape future service provision. | YOT 5.1 Development of a YOT Participation Action Plan which will include the identification of a participation lead YOT officer. | 30 March 2019 Celia Payne Lindy Taylor | Participation Action Plan agreed. Viewpoint e-survey & gang & youth violence questionnaires now being used. 6 monthly participation report developed to provided platform to co-ordinate feedback & evidence impact on service. YOT participation work is reflected in | Clarity in the development & co-ordination of practice to ensure young people's voices are heard within YOT. Evidence of practice development in response to feedback. Evidence of practice improvement in response to feedback. |

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| | | | | the City's participation strategy and a young person's forum called 'Voices from Youth Justice' has been developed | |
| | | YOT 5.2 Implementation of Viewpoint system as the tool to collect the views of young people and provide feedback reports to shape service practice. | 30 March 2019 Celia Payne Lindy Taylor | 33 young people (25% of caseload) have completed the Viewpoint e-survey. Developed & commenced the Gang & Youth Violence e-questionnaire & practice feedback and impact for services being reported within 6 monthly Participation Report. | 30% of caseload completed e-survey. Specific questionnaires for Youth Violence developed & completed on viewpoint. Viewpoint outcome reports completed & included in YOT performance reports. Evidence that Viewpoint reports impact and improve practice. |
| AREA: COM Commissioning | | | | | |
| COM 1 | Monitoring the 2017/20 Sufficiency Strategy. | COM 1.1 Ongoing monitoring of the delivery of the Sufficiency Strategy to ensure sufficiency of provision for children and young people. | 31 March 2020 Alicia Wood | This is on track to be delivered within timescales. | Report to Transforming Children's Board will show that the strategy is being delivered as agreed. |
| COM 2 | Ensure that Wolverhampton families who experience domestic abuse have timely and appropriate support by recommissioning the domestic violence support | COM 2.1 Completion of tender process and mobilization of the new services. | 30 June 2018 Adam Cooper | The contract was put in place in June 2018. This is completed. | New services are in place. |

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| | service. | | | | |
| COM 3 | Ensuring that those who require supporting accommodation have access to this by developing and retendering supported housing options. | COM 3.1 A joint strategy will be developed by Place and People to ensure that those who require supported accommodation have access to this. | 31 March 2019 Adam Cooper | This is on track to be delivered within timescales. Service review completed to ensure the provision meets the needs of CYP and tender for service live as of May 2019 | The new service will be in place. |
| COM 4 | Ensuring a range of placement options are available for children and young people in care via regional commissioning arrangements. | COM 4.1 There will continue to be a range of placement options for children and young people in care, both in and out of city. | 31 March 2019 Adam Cooper | This is on track to be delivered within timescales. Regional Flexible contract arrangement for residential placements in place as of December 2018 | Sufficiency of placements for children and young people in care. |
| AREA: SG SAFEGUARDING | | | | | |
| SG 1 | Improve the quality of social worker intervention regarding key safeguarding priorities. | SG 1.1 Roll Out and Safeguarding 'lunch and learn' sessions to Children's Social Care staff. | 31 December 2018 Dawn Williams | This started through the Safeguarding Board in May 2018 and was delivered until December 2018. Feedback from staff found short lunchtime sessions did not meet need. Sessions are now half days and | Sessions of lunchtime events attended by frontline staff and delivered. |

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| | | | | included in training plan. | |
| | | SG 1.2 Create written advisory practice notes on sexual exploitation, no recourse to public funds, distorted belief systems, modern slavery. | 31 March 2019 Dawn Williams Mandy Lee Sandeep Gill | Modern Slavery has been completed and was presented to CYPMT and Adult Management Team in September 2018. Other advisory notes to be rolled out in accordance with legislative change and practice improvement. | Practice notes available and disseminated. |
| | | SG 1.3 Embed induction training for new workers regarding children and young people in care reviews and CP conferences. | 31 December 2018 Mandy Lee Nicola Hale | Training programme is now in place. | IROs/CPCs involved in induction of new staff and delivered advise/learning. Increased understanding of roles and responsibilities. Timeliness of reports to CP Conferences has improved |
| | | SG 1.4 Roll out toolkit on Intergenerational sexual abuse. | 31 December 2018 Dawn Williams Mandy Lee | A toolkit has been developed and is now live. | Toolkit complete and available to all staff, including a launch event. |
| SG 2 | Ensure the Voices of Children are clearly evident within children and young people in care reviews. | SG 2.1 Development of an increased child centered review process. | 31 January 2019 Mandy Lee Nicola Hale | There is a new review project in development. There is a further pilot period taking place in May/June and it is | A new children and young people in care review process will be in place. |

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| | | | | anticipated that once reviewed, there will be a plan for roll-out around September 2019. – timescale extended | |
| | | SG 2.2 Creation of documentation to support 2.1. | 31 January 2019 Mandy Lee Nicola Hale | Supporting documents built in Eclipse ready for roll out. Revised consultation booklets have been developed and consulted on with children and young people.- timescale extended | New children and young people in care documentation will be in place. |
| | | SG 2.3 To continue to promote MOMO across the children and young people in care social care workforce. | 31 January 2019 Mandy Lee | There had been an increase in the use of MOMO as a result of the work of the Social Work Unit Manager Champion in the children and young people in care service. IRO's continued to promote this. However, the focus is now on development of an in house electronic/web based consultation system given the contract | MOMO is in use and evidenced via audit of improved consultation. Seek to achieve a minimum of 80% usage from eligible cohort. |

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| | | | | end in December 2019. | | | | | | | | | | | | | | | | | | | | | | | | | |
| SG 3 | Improve engagement of parents in the children and young people in care review process. | SG 3.1 We will encourage and support parents to participate fully in the children and young people in care reviews for their children. | 31 March 2019 Dawn Williams | Data is now collected in relation to participation and is monitored monthly for trends and practice development. | <table><tr><td></td><td>Q3</td><td>Q4</td></tr><tr><td>Parent attended</td><td>28 %</td><td>27 %</td></tr><tr><td>Invited but did not attend</td><td>8%</td><td>8%</td></tr><tr><td>IRO saw/spoke to or offered contact separately</td><td>14 %</td><td>11 %</td></tr><tr><td>Parents current views in the Social Workers report</td><td>19 %</td><td>25 %</td></tr><tr><td>Whereabouts s not known</td><td>8%</td><td>8%</td></tr><tr><td>Parent excluded due to risk/status (eg adoption)</td><td>15 %</td><td>10 %</td></tr><tr><td>Other</td><td>6%</td><td>9%</td></tr></table> <p>Shows most parent have opportunity to share views and where they cannot, the reasons</p> | | Q3 | Q4 | Parent attended | 28 % | 27 % | Invited but did not attend | 8% | 8% | IRO saw/spoke to or offered contact separately | 14 % | 11 % | Parents current views in the Social Workers report | 19 % | 25 % | Whereabouts s not known | 8% | 8% | Parent excluded due to risk/status (eg adoption) | 15 % | 10 % | Other | 6% | 9% |
| | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent attended | 28 % | 27 % | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Invited but did not attend | 8% | 8% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IRO saw/spoke to or offered contact separately | 14 % | 11 % | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parents current views in the Social Workers report | 19 % | 25 % | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whereabouts s not known | 8% | 8% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent excluded due to risk/status (eg adoption) | 15 % | 10 % | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 6% | 9% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SG 4 | Increased understanding of Criminal and Sexual Exploitation within the context of gangs, county lines and transitions. | SG 4.1 Work in partnership with West Midlands Police and the Safer Wolverhampton Partnership (SWP) to | 31 October 2018 Dawn Williams | There has been a regional Heads of Exploitation meeting which has agreed a regional definition of exploitation and a | A sexual exploitation information pathway will be in place. | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | devise a pathway by which information can be shared to inform operational practice in Wolverhampton. | | combined exploitation screening tool. SWP have produced a 'Tackling Youth crime and exploitation strategy' and work is underway to develop a governance and delivery framework. | |
| | | SG 4.2 Implement and promote the Adults Resource Panel to Children Social Care staff working in transitions with young people who do not meet the criteria for Adult Social Care intervention but, do require additional support. | 31 January 2019 Dawn Williams Paula Morris | Coventry City Council resource panel has proved to be inappropriate for Wolverhampton. Therefore, work is under way to adopt the Leeds and Merseyside models. This work has been delayed and alternative approach to the proposed panel will be developed. A paper will be presented to Children and Adults Management Teams in September 2019-timescale extended. | Effective Resource Panel created. Early identification of support to young adults. |
| | | SG 4.3 Create a Problem Profile to enhance awareness, improve intervention and inform | 31 December 2018 Dawn Williams Karen Samuels | SWP have produced a 'Tackling Youth crime and exploitation strategy' and work is underway to develop | Problem Profile will be created which reflects sexual and criminal exploitation within Wolverhampton. |

| Ref. Number | Area for Development | What Will We Do? | Timescale and Lead Officer(s) | Progress | Evidence of Impact |
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| | | allocation and identification of resources. | | a governance and delivery framework. A CSE problem profile has been completed, but work to extend this to criminal exploitation has not yet started. Additional resources are required for development work in this area. | |
| SG 5 | Effective liaison with Designated Safeguarding Leads (DSL) across the city. | SG5.1 Embed DSL network for schools | 31 December 2018 Dawn Williams | This has been established with two events completed to date. Recent feedback is very positive. | DSL event in place. Feedback from participants. |
| | | SG 5.2 Extend the remit of the Children's Home forum to include Supported provision. | 30 September 2018 Dawn Williams Jo Hicklin (WMP) | This has been completed. Work has progressed, and the next event includes supported accommodated providers. The Police Single Point of Contacts are actively supporting the promotion of and delivery of the forum. Providers have asked that the forums are 6-monthly and led by the LA and West Midlands Police. | New Terms of Reference. Regular Forum Meeting. Accessible Briefings accessible on the WSCB website. |

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| SG 6 | Embedding thresholds across partner agencies to ensure a whole family approach and accurate application of thresholds. | SG 6.1 Provide regular briefings to staff across the City. | 31 March 2019 Dawn Williams Sian Jones | Thresholds continue to be a regular training package within the Safeguarding Board Training Plan. Individual training is readily available within the LA via Head of Service—Safeguarding. Work around thresholds continue in MASH as required. | Regular briefings established. 236 staff attended Thresholds training in the last 12 months % of contacts resulting in NFA has reduced – March 2019 18%, March 2019 7% |
| | | SG 6.2 Provide Multi-Agency Safeguarding Hub (MASH) workshops to enable exploration of decision making. | 31 March 2019 Dawn Williams | Work undertaken with partners in MASH to implement restorative questioning to support better decision making | Multi-agency dip-sampling demonstrates threshold for referrals are accurate for the majority. |
| | | SG 6.3 Contribute to Safeguarding Board Multi-Agency Case File Audit (MACFA) and ensure learning is shared and informs operational practice. | 31 March 2019 Dawn Williams Mandy Lee | This is business as usual. | Learning from MACFA is disseminated. Practice improvement is demonstrated via internal audit. |
| SG 7 | Working closely with the Domestic Violence Forum to deliver the Children and Young People Domestic Violence Improvement Plan and an effective Barnardo's Screening Tool process which reflects 'Think | SG 7.1 Children and Young People Domestic Violence Improvement Plan reflects safeguarding priorities | 31 st December 2018 Alison Montgomery | BST is no longer in place. DV referrals are now triaged through the police and any referral which meets | The improvement plan will be agreed, and audit activity will evidence that actions have been put into practice. |

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| | Family' and improves outcomes for those affected. | for children. | | MASH thresholds is treated the same as any other referral. Operational action plan overseen by CYPLT. | |
| SG 8 | Review the use of the Petch Screening Tool and understand impact. | SG 3.3 Scheduled Audit of completed Petch Tools in place and regularly reported to Children and Young People Management Team & Sexual Exploitation Missing & Trafficked Committee. | 30 June 2018—1 st Audit 30 September for briefing Dawn Williams | The audit of Screening tools is business as usual for SEMT committee | Last audit 1/3/19. Findings fed back to WSB |
| AREA: WFD WORKFORCE DEVELOPMENT | | | | | |
| WFD 1 | Reviewing the workforce development plan to ensure it supports the development of a capable and competent workforce. | WFD 1.1 Development plan to be created for 2018-2019 that will equip staff to practice at a good or outstanding level. | 31 March 2018 Louise Haughton Paula Warrilow | This has been completed and agreed at People Leadership Team. | Social workers will report high satisfaction with CPD opportunities. Pathways will be understood by the whole workforce. Staff turnover will reduce. |
| | | WFD 1.2 Ensure detail is in place to support a robust programme of training to support early permanence planning of | 31 March 2019 Louise Haughton Paula Warrilow | An early permanence conference was held February 2018 and 93 members of staff attended. | Increase in the number of permanence planning meetings held. QA sheet used by panel advisor finds child's |

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| | | <p>a high standard to include:</p> <ul style="list-style-type: none"> • Early permanence planning • Pre-birth assessments • Sibling assessments • Writing good Child Permanence reports • Assessing the impact trauma on the development of children and possible future impact | | <p>Four sibling assessment workshops took place between January and March 2018 and 32 members of staff attended.</p> <p>Pre-Birth assessment guidance completed and launched the pre-birth team, viewed positively by Ofsted in September 2018.</p> <p>CPR Training—three sessions have been held and one further session is planned for 30 October. 23 staff attended and a further 12 are registered for the 30 October session.</p> <p>The Assessment, Planning and Analysis training includes assessing the impact of trauma.</p> | <p>permanence reports are consistently of a good standard.</p> <p>Pre-birth assessments are completed early and to a good standard resulting in less emergency mother and baby placements.</p> |
| | | <p>WFD 1.3 Develop an approach to working with teenagers in Wolverhampton and ensure employees</p> | <p>30 April 2019</p> <p>Rob Hart Louise Haughton Paula Warrilow</p> | <p>This work resulted in the development of the Young People's Multi-Agency Specialist team who</p> | <p>Fewer teenagers entered care.</p> <p>Work undertaken with children and young</p> |

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| | | across the whole workforce receive relevant training. | | <p>will receive training is restorative practice and Trauma informed practice.</p> <p>The transitions team has also received training in trauma informed practice.</p> | <p>people reduces/stops missing episodes for individual children.</p> <p>Early intervention services help to prevent the behaviors of children escalating to criminal or risky actions.</p> |
| WFD 2 | Continue to embed Restorative Practice across the workforce. | WFD 2.1 Each team to have a team coaching and embedding day with an experienced RP practitioner. | 31 March 2019 Paula Warrilow | <p>Andrea King delivered training across all teams in September 2018.</p> <p>Audit findings in Q1 showed that a strengths-based approach was evident in 55% of files audited (social work and Early Intervention) and Q2 showed that a strengths-based approach was evident in 63% of case files audited (social work and Early Intervention)</p> | <p>% increase in participation of family members found in audits.</p> <p>% increase in strength-based approaches being evidenced in case records.</p> |
| | | WFD 2.2 | 31 December 2018 | This took place in | PLT to gain knowledge |

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| | | PLT to receive a strategic training/coaching day on restorative practice. | Louise Haughton | July 2018. | of how RP can be used at strategic level to drive service improvements. |
| | | WFD 2.3 RP project team to focus on embedding the three obsessions that relate to RP across the service <ul style="list-style-type: none"> • Voice of the child • Family Meetings • Supervision | 31 March 2019 Louise Haughton | New supervision tool that reflects RP has been implemented. Audits in the first quarter showed that supervision was “good” or “outstanding” in 58% of audits. This was 63% in the second quarter. Second quarter audits asked the allocated worker about their views of their supervision. This was rated as “good” in 75% of audits. Audits in quarter 1 were judged “good” for voice of the child in 67% of audits. This was 100% in the second quarter. Family meeting workshops were | % increase in use of family meetings. % increase in supervisions found to be good in audit. % increase in Social workers reporting good supervision. % increase if good judgments for voice of the child in audit. |

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| | | | | <p>delivered and will be run annually going forward.</p> <p>Practice weeks are evidencing some use of Family meetings but this will remain a focus in 2019-20</p> <p>Project Team disbanded and is BAU managed through Strategic Leadership Team.</p> | |
| WFD 3 | Improve the reflective and CPD functions within supervision | <p>WFD 3.1</p> <p>Supervision procedure to be reviewed and co-produced with frontline managers.</p> | <p>31 March 2019</p> <p>Louise Haughton</p> | <p>Supervision policy has been updated and now incorporates the three Restorative Practice questions.</p> <p>Supervision will now be audited during practice weeks to ensure the approach is embedded</p> <p>“good” or “outstanding” in 58% of audits. This was 63% in the second quarter.</p> <p>Second quarter audits</p> | <p>% increase in practitioners reporting good supervision.</p> <p>% increase in supervisions found to be good in audit.</p> |

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| | | | | asked the allocated worker about their views of their supervision. This was rated as "good" in 75% of audits. | |
| | | WFD 3.2 Early intervention and social work supervision procedure to be aligned. | 31 January 2019 Louise Haughton Denise Williams | See WFD 3.1 | % increase in practitioners reporting good supervision. % increase in supervisions found to be good in audit. |
| | | WFD 3.3 Supervision training to be delivered to all Team Managers and Senior Social Workers. | 31 January 2019 Louise Haughton | This was completed in line with the roll out of the new Supervision Policy in December 2019 See WFD 3.4 for evidence of impact indicators. | % increase in practitioners reporting good supervision. % increase in supervisions found to be good in audit. |
| WFD 4 | Improve our response to Neglect by embedding the Neglect Strategy and Toolkit across the workforce | WFD 4.1 New Neglect documentation to be created. | 31 March 2019 Dawn Williams | WSCB are leading on the neglect toolkit update. A meeting is taking place to see if professionals can use Eclipse to complete the toolkit. There is a meeting with CCG, Dawn and Safeguarding manager to review | % increase in the number of neglect audits found to be 'good'. |

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| | | | | and update neglect strategy and paperwork. The Board updated in December and it is envisioned to go out in April 2019. | |
| | | WFD 4.2 Neglect tool to be embedded across the workforce | 31 March 2019 Paula Warrilow Louise Haughton Alison Montgomery | We have created a single document with all risk assessment tools, including neglect. WFD are developing a critical training performance dashboard where attendance around some training, including Neglect training, can be monitored. Advanced Practitioners continue to promote the use of the current Neglect tool kit. Practice weeks are evidencing some good use the toolkit but continues to require further embedding. | % increase in the use of the neglect tool. |

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| | | WFD 5.2 Map workforce development plan against the KSS and ensure information about training includes which areas of the KSS are being addressed. | 31 December 2018 Louise Haughton Paula Warrilow | The PSW has mapped the 2019-20 WFD plan against the KSS. WFD will ensure this information is include in comms about all training. | Workforce will report being clear about how training relates to the KSS. |
| WFD 6 | Strive toward a stable and appropriately skilled Children's Workforce. | WFD 6.1 Implement the restructure | 31 st March 2019 Emma Bennett | Re-structure was implemented in November 2018. Turnover has halved in the period November to March when compared with June to October. The service is now fully staffed at service manager and team manager level. | There will be less reliance on agency staff. There will continue to be training opportunities to ensure that staff across the service have the skills they require to do their jobs well. |
| WFD 7 | To improve social work recruitment and retention. | WFD 7.1 A recruitment plan is being developed which will result in recruiting staff who are skilled and enthusiastic about Social Work in Wolverhampton. | 31 st March 2019 Louise Haughton | This is on track to be delivered within timescales. The 2018-19 plan has been signed off by the transforming children's board. As above workforce stability has seen significant | There will be less turnover of staff which will result in less reliance on agency staff. |

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| | | | | improvement. | |

KEY:

Significant Risk that it will not be achieved

Some risk that it may not be achieved although this may be corrected by remedial action

On target to complete on or before its target date

Completed