



# Improvement Plan 2021 - 22

## Southampton Children and Learning Service

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# Introduction

Our vision is that: *“We want all children and young people in Southampton to get a good start in life, live safely, be healthy and happy and go on to have successful opportunities in adulthood.”*

We know there is much to do to deliver the very best outcomes for our children, young people and families. To ensure that we improve, there is strong commitment from politicians and the Council Leadership to a *‘Child Friendly Southampton’*, our vehicle for ensuring a city where we prioritise the safety, welfare, and success of every child in everything that we do.

Our improvement plan has been reviewed after the Ofsted Focused Visit in May 2021. It is high level, underpinned by and referring back to a series of service improvement and development plans owned by Heads of Service in the Children and Learning Service and across the Council and aligned with cross cutting multi-agency plans overseen by senior leaders.

The service delivery plans detail clear actions, owners and timescales against which progress is monitored by the Executive Director and the Improvement Board. Underneath these are more granular action and project plans.

The plan reflects 10 priority areas identified by the service. Where Ofsted have previously made recommendations, or directed priority actions these are referenced.



# Realising our Ambition for Children

Since September 2021, the service can evidence a robust focus on securing the right leadership and ensuring a strategic approach to the service's improvement priorities. This has included:

- Review of the service vision; overriding strategy and strategic plans
- Review of Improvement Board arrangements and appointment of independent chair
- Work to address the findings of the 2020 whistleblowing report
- Agreement to progress with Child Friendly City accreditation
- Development of the Destination 22 service redesign programme
- Confirmation of senior leadership team
- Recruitment of Principal Social Worker and Performance Manager
- Launch of Practice Framework and Workforce Academy
- Strengthening of corporate parenting function



Nevertheless, the outcomes for our children and families remain very inconsistent and the environment is still not right for social work to flourish in Southampton as it need to.

## **Moving forward at pace:**

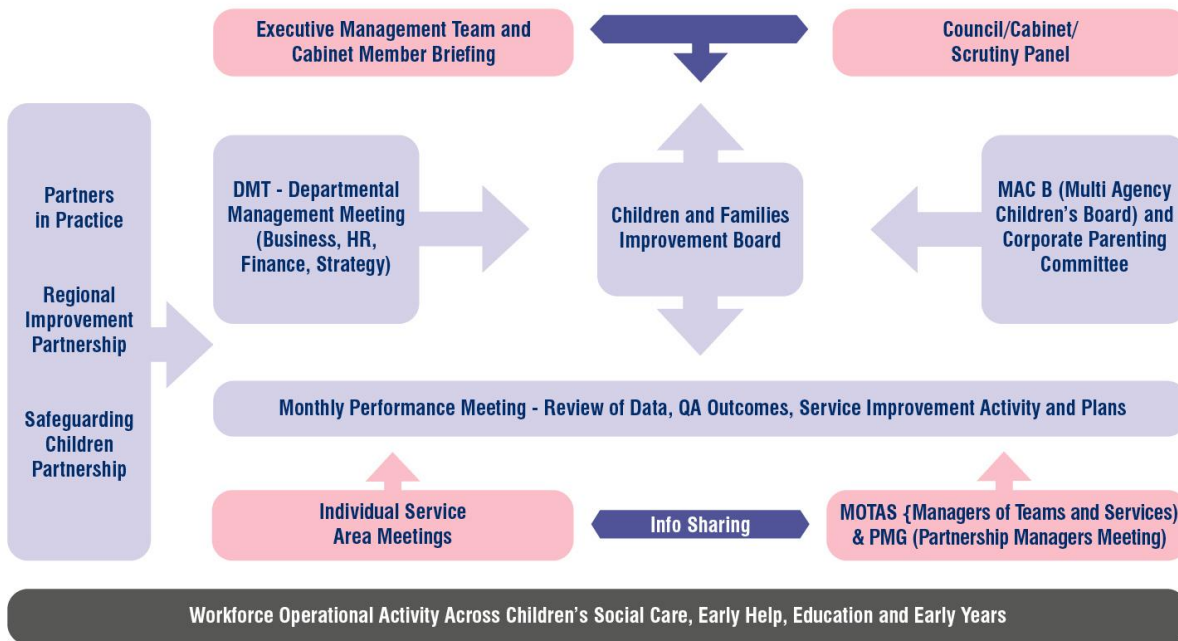
In Autumn 2021, led by the Executive Director for Children and Learning, we will launch the next stage of our Destination 22 service re-design; focusing on early help; safeguarding, young people's and looked after children's services.

Central to our approach is our responsibilities as a Corporate Parent and our commitment that our looked after children will receive best support we can give them through a reinvigorated corporate parenting strategy.

# Governance Structure

Our improvement plan is reviewed by a bi-monthly Improvement Board, chaired by the Executive Director for Finance. The Board receives and considers performance data; progress (exception) reports and presentations from service managers. Membership has been extended to include key partners and will also include practitioners, with an interface with our practitioners reference group.

Further oversight is provided through the Children and Learning Scrutiny Panel.

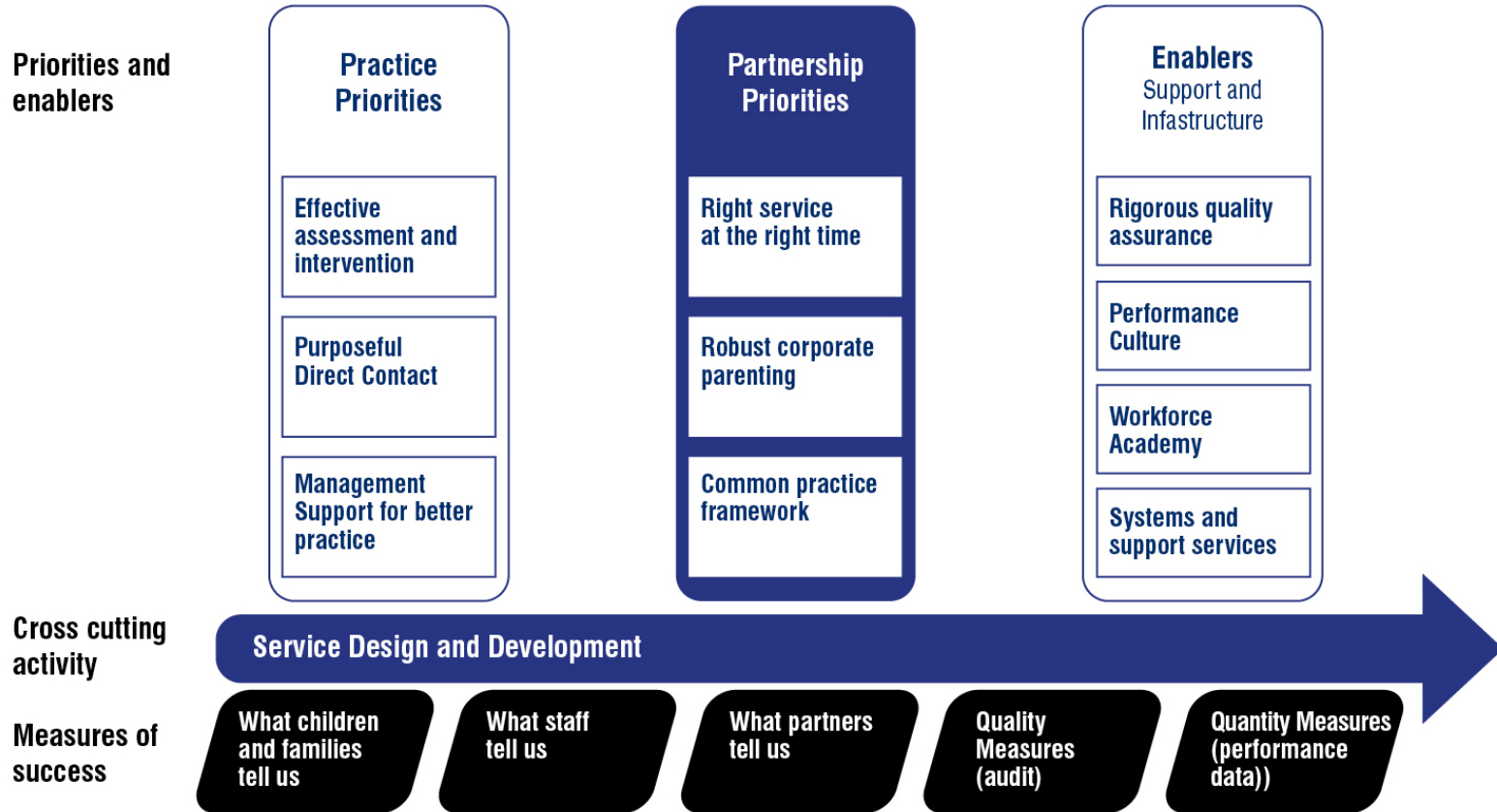


## Children and Families Improvement Board:

- Executive Director – Finance and Commercialisation (Chair)
- Chief Executive (annually)
- Deputy Chief Executive
- Cabinet Member, Children and Learning
- Cabinet Member, Finance and Resources
- Shadow Cabinet Member, Children, Young People and Learning
- Executive Director, Children and Learning
- Executive Director Resources
- Service Director of HR
- Head of Children’s Social Care Services
- Head of Integrated and Specialist Services
- Head of Education and Learning Services
- Southampton CCG Managing Director
- Chief Superintendent Southampton Police
- Safeguarding Children Partnership Chair
- LGA representative
- DFE representative
- 2 x representatives from Staff Reference Group
- Partners in Practice representative
- Secondary and Primary Head teacher
- Special School Head teacher

# Our priorities

Underpinning our detailed plan are core priorities and enablers. We believe that with a relentless focus, we will achieve the best outcomes for children in Southampton; laying the foundations for a service that provides consistently good practice.



# How we will provide assurance

**In addition to progress reports on the priority actions and recommendations arising from Ofsted; the service will provide the improvement board with reports on:**

Effective assessment and intervention	Qualitative and quantitative data on focus 5 outcomes (chronologies, assessment, plans). Qualitative data on practice framework.
Purposeful Direct Contact	Qualitative and quantitative data on focus 5 outcome (direct contact). Qualitative data on practice framework.
Management Support for better practice	Qualitative and quantitative data on focus 5 outcome (supervision). Evidence of how the supervision framework and reflective practice is being embedded across the service; including data on caseload supervision; audit findings and staff feedback
Right service at the right time	Report on multiagency training to support Pathways document launch. Qualitative and quantitative data on MASH performance and decision making
Robust corporate parenting	Evidence of how the service and partners are supporting placement, staffing and education stability.
Common practice framework	Evidence of how the partnership is embedding restorative practice, trauma informed practice and Strengthening Families and the impact.
Rigorous quality assurance	Evidence of how the service audit programme is being embedded, the learning from this and how this is informing better practice.
Performance Culture	Evidence of how the assurance clinics are supporting better performance
Workforce Academy	Quantitative data on workforce recruitment and retention. Staff Reference Group qualitative feedback.
Systems and support services	Implementation of Care Director Case Management system and business support review.

# Our Improvement Plan



# Effective Assessment and Intervention

**LINKED SERVICE DELIVER PLANS:** MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
HoS Early Help / Performance Manager	Children referred for Early Help will benefit from consistently timely and good assessments, plans and support.	Audit outcomes: 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green	<ul style="list-style-type: none"> <li>-We will have monthly managers audit of early help assessments and plans</li> <li>-We will analyse and share audit findings, learning and actions across EH service</li> <li>-All EH assessments and plans will be reviewed and signed off by an EH manager</li> <li>- We will ensure performance information about EH assessment timescales will be accurate and practice standards to be updated to capture the range of EH interventions</li> </ul>	31/12/21	QA Unit, Solent NHS, Data Team
HoS for Social Care, SEND, Looked after Children, Young People  <i>Core Ofsted recommendation (2019)</i>  <i>Assessment and Plans are of a high quality to children get the right help quickly and that its impact is clearly measured.</i>	Social care assessments (including those we commission) and plans will be good quality with relevant history, children's voices, clear analysis and contingency arrangements and regularly reviewed, so that children get the right help quickly and that impact is clearly measured. CORE OFSTED RECOMMENDATION	50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green  Where records evidence that assessments are timely, comprehensive, analytical and of high quality and lead to appropriately focused help. - Plans are SMART, clear and not overly complex. - 90% of children subject to Planning have Core Groups held within timescale	<ul style="list-style-type: none"> <li>-We will ensure all assessments and plans are reviewed and authorised by a manager</li> <li>-We will ensure assessments and plans will be routinely analysed as part of F6 and service audits, alongside practitioners</li> <li>-We will ensure all new practitioners will receive training on what good looks like re assessment and planning</li> <li>We will ensure targeted training for existing staff is actioned- findings from audits fed into individual and service learning</li> <li>-We will ensure leads of service will work together to ensure consistency in practice re how specialist reports (including medicals) are analysed and used to inform planning</li> <li>-We will provide reassurance to the SSCP regarding the process and timeliness of contingency assessments for extended family members</li> </ul>	31/03/22	QA Unit Safeguarding Children Team ED, Safeguarding Children Lead Nurse

# Effective Assessment and Intervention

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>HoS for Social Care, Looked after Children, Principal Social Worker, Legal Services</p>	<p>We will markedly improve our practice in relation to all aspects of the re-proceedings phase of the Public Law Outline</p>	<p>-Significant reduction in requests for letters to the court                      -90% of proceedings will start within 15 WDs of decision to enter pre-proceedings --80% of pre proceeding assessments completed within 16 weeks from the pre-proceeding meeting                      -Good engagement with core stakeholders in Court, including routine attendance at FJB                      -100% of pre-proceedings letters audited evidence use of plain language</p>	<ul style="list-style-type: none"> <li>- We will track and monitor the timeliness of pre-proceedings.</li> <li>-We will increase legal secretary capacity for tracking and oversight</li> <li>- We will convene weekly legal gateway meetings and dip sample audit of legal tracker and pre-proceedings letters twice yearly</li> <li>- We will develop and implement engagement plan for judiciary and CAFCASS training needs analysis for PACT social workers re court-related practice</li> <li>- We will brief SLT re engagement with judiciary by 1 December 2021</li> <li>-We will report to Safeguarding Partnership re robustness of system for seeking legal advice, sharing information, recording legal planning meetings, tracking outputs and threshold disagreements Need update from Julian</li> </ul>	<p>31/03/22</p>	<p>QA Unit, Learning and Development</p>
<p>Head of Service, Quality Assurance / Principal Social Worker</p> <p><i>Core Ofsted recommendation (2019): The widespread and inappropriate use of child safety agreements with parents in circumstances when children's exposure to domestic abuse is a primary safeguarding concern.</i></p>	<p>We need to ensure that our staff are confident in their professional responses to key issues affecting families. We will ensure that our assessments and plans are of good quality; so that children get the right help quickly and that its impact is clearly measured.</p>	<p>We will be confident that staff are confident in their approach to: neglect; domestic abuse; child safety arrangements parental mental health; parental substance misuse; parental resistance; life story work, missing exploited trafficked</p> <p>50% good or outstanding – red                      60% good or outstanding – amber                      70% good or outstanding – green</p> <p>Where records indicated that assessed need / risk has been identified and mitigated effectively.</p>	<ul style="list-style-type: none"> <li>-We will analyse audit outcomes and use these to reflect on and improve the quality of practice within the teams.</li> <li>-We will embed Child Safety Arrangements paying attention to exposure to Domestic Abuse as a primary safeguarding concern</li> <li>- We will regularly review our training needs analysis.</li> <li>- We will ensure that our commissioned and in house training covers the areas of need identified in our training needs analysis. We will ensure that policy and guidance for staff is up to date and comprehensively referenced in the new Tri-X resource.</li> <li>- We will use our audit programme to assure ourselves that practice is improving.</li> </ul>	<p>30/06/22</p>	<p>Independent Domestic Violence Advisory Service</p>

# Effective Assessment and Intervention

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>HoS for Social Care, SEND, Looked after Children, Young People</p>	<p>Assessments of the needs of children who are on the edge of care or looked after will be consistently accurate and up to date with good quality outcome-focused planning</p>	<p>Audit outcomes: 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence that the plan is comprehensive, has clear outcomes with actions and timescales</p>	<p>-We will ensure the quality of assessments for these children will be scrutinised via 'this child' audits and learning fed back into service improvement</p> <p>-We will ensure that the quality of assessments will be reviewed by managers at key decision making points for CLA</p> <p>-We will ensure for children and young people on the edge of care, that assessments will include analysis of resilience and risk in extended family network</p> <p>-We will consider FGC for all children who are at risk of care</p>	<p>31/03/22</p>	<p>Children's Social Care</p>
<p>HoS Young People</p>	<p>Children who go missing or who are at risk of exploitation will have their needs robustly assessed. Return Home Interview (RHI) information will be used consistently to inform planning and intervention for children, and understanding of patterns and trends</p>	<p>90% of children who receive a RHI will have a completed missing risk assessment</p> <p>-case audits of these children will include analysis of impact of info gathered in RHI</p> <p>-Greater confidence in partnership that patterns and trends from missing episodes are being considered to inform partnership</p>	<p>-We will monitor the number of missing children with a completed missing risk assessment</p> <p>-D22 proposals will include data analyst to support with analysis of patterns and trends -</p> <p>Training and guidance to be produced for those undertaking Return Home interviews, particularly as this role is extended across the service through D22</p>	<p>31/12/21</p>	<p>Children's Social Care, , Police</p>
<p>HoS, Social Care</p> <p><i>Core Ofsted recommendation (2019): Decision making in the MASH adheres to local guidance and children do not experience unnecessary statutory assessments.'</i></p>	<p>Children who are referred to the MASH will not experience unnecessary statutory assessments</p>	<p>Maintain the % of Strategy Discussions held within 1 Working Day of the Referral outcome being progress to CP Strategy Discussion. - audits demonstrate good and consistent decision making re threshold for strategy meeting and S47</p>	<p>- We will undertake multi-agency audits re threshold decision making re strategy meetings and S47 enquiries</p>	<p>31/12/2021</p>	<p>Safeguarding Children Partnership</p>

# Effective Assessment and Intervention

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
HoS Quality Assurance	Referrals, assessments, plans and intervention in response to neglect are of good quality	<p>Audit outcomes: 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence that assessment tools are used to good effect and children in need or at risk of neglect are assessed rigorously</p>	<p>-We will relaunch the neglect strategy and ensure multi-agency partners understand their responsibilities and what good looks like -We will analyse audit outcomes and use these to reflect on and improve the quality of practice within the teams. -We will analyse through audit the quality of referrals relating to neglect</p>	31/03/22	Solent NHS Trust; CCG; Children's Social Care; Training, Quality Assurance Unit Safeguarding Children's Partnership
Service Manager, Permanence	We need to ensure that our fostering service is delivering good quality work for children and families	<p>50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>We will use our quality assurance framework to ensure compliance with fostering regulations and to check on the quality of Private Fostering interventions</p>	<p>- We will undertake an annual fostering report and an annual private fostering audit. The findings of both audits will be reported to Learning and Improvement Panel -We will analyse audit outcomes and use these to reflect on and improve the quality of practice within the teams.</p>	31/12/21	QA Unit
Service Manager, Quality Assurance Core Ofsted:	We will ensure that we are assured regarding the quality of practice in respect of vulnerable children who are electively home educated. Focused visit area for improvement	<p>We will be able to evidence that our oversight of elective home educated children is having an impact for vulnerable children and families; through service audits of casework. 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence effective management oversight and good understanding of / response to vulnerable children who are EHE</p>	<p>We have included an EHE audit in 2021 / 22 schedule. The responsible manager for EHE will be invited to the Learning and Improvement Panel. An audit tool will be developed with the responsible manager. There will be a report to the Local Safeguarding Children Partnership</p>	01/12/2021	QA Unit

# Purposeful Direct Contact

**LINKED SERVICE DELIVER PLANS:** MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>Deputy Director</p> <p><i>Core Ofsted recommendation (2019):</i></p> <p><i>‘Management provide advice for social workers on how to undertake direct work with children and regular reflective practice on their progress.’</i></p>	<p>Regular, thoughtful and needs-led direct work that is well recorded will be a core feature of all our work with children and families, at all levels of need, including early help</p>	<p>50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>according to audit direct work criteria EH and CSC Also where records evidence that the child/YP has been seen and their voice informs the assessment (Intervention)</p>	<p>-We will ensure that the management team will continue to analyse quality and impact of direct work through case audit -We will analyse the Gradings in This Child Thematic Audit -We will regularly review engagement with/attendance at induction and training to support direct work -We will progress with the development of systematic practice across the service</p>	<p>31/03/22</p>	<p>Institute of Family Therapy</p>
<p>Deputy Director, Performance Manager</p>	<p>Children and families must be seen sufficiently regularly according to need. We need greater confidence in performance information relating to visits to children.</p>	<p>Performance information relating to visits matches Paris_</p> <p>-Apart from looked after children with agreed exceptional visiting patterns, 90% of visits to looked after children will be minimum 6-weekly, children on a CP plan 2 weekly &amp; CIN 4 weekly</p> <p>-Case audits will provide assurance about visiting patterns being congruent with risk and need</p> <p>50% good or outstanding –red 60% good or outstanding – amber 70% good or outstanding – green</p>	<p>-We will ensure the assurance clinics will scrutinise performance information and challenge practice relating to visits to children -We will ensure that audits will continue to consider frequency and quality of visits to children</p>	<p>31/12/21</p>	<p>Data Team</p>
<p>HoS for Social Care, Looked after Children, Quality Assurance</p>	<p>Life story work will start early, with social workers and carers engaged in this from the start of children's care journeys, and life story books will be created for all children who are adopted</p>	<p>High quality vibrant life story books completed for all children prior to adoption order. Case audits will demonstrate that life story work starts early</p>	<p>-We will ensure the number of outstanding life story books will be reviewed through dip sampling. - We will ensure an audit template for looked after children is to be adjusted to include whether life story work has been started and quality</p>	<p>30/06/22</p>	<p>Service Manager for Permanence</p>

# Management support for better practice

**LINKED SERVICE DELIVER PLANS:** MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p><b>HoS Quality Assurance, Principal Social Worker</b></p> <p><i>Ofsted area for improvement (2021): The quality of supervision and management oversight of children on child protection and child-in-need plans.</i></p>	<p>Through substantially more frequent &amp; thoughtful supervision and management oversight practitioners will receive good quality advice and support from managers. This will include reflection on progress and support to undertake direct work with children and families, meet need, reduce risk and promote good outcomes</p> <p>CORE OFSTED RECOMMENDATION</p>	<p>Case audit outcomes: 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records show regular and effective 8 weekly supervision/management oversight. The use of supervision tools will be analysed</p> <p>-Performance information demonstrates that supervision is sufficiently regular in 80% of cases, with assurance about the remaining 20% via dip sampling. - 90% of staff will participate in reflective activity and be able to articulate the impact</p>	<p>-We will calibrate performance information re case supervision against case audit to check for accuracy</p> <p>Collate the number of sessions offered and numbers attending for:</p> <ol style="list-style-type: none"> <li>1. Reflective supervision</li> <li>2. Practice Surgeries</li> <li>3. Action Learning sets</li> </ol> <p>-We will oversee case supervision performance in assurance clinics -We will analyse the gradings of associated audits -We will provide supervision coaching via PIP - We will embed Reflective Practice sessions across the service</p>	<p>31/12/2021</p>	<p>Deputy Director, Heads of Service, Policy team, Communications Team</p>
<p><b>HoS Quality Assurance</b></p>	<p>We will ensure significant improvement in completion of annual staff appraisals</p>	<p>80% of permanent staff, and agency staff who have been in SCC for more than 12m will have an annual appraisal.</p>	<p>-We will ensure regular appraisals are undertaken and that development needs are identified and met -We will review current supervision arrangements to All line managers will undertake high quality, supportive &amp; challenging annual appraisals with supervisees. -We will ensure Senior managers will monitor completion.</p>	<p>31/03/22</p>	<p>HR Business Partner</p>
<p><b>HoS Quality Assurance, Principal Social Worker</b></p>	<p>We will embed meaningful and well-understood practice standards across the service</p>	<p>Practice standards will promote best practice in improving outcomes for children and young people from early help to adoption. They will be understood and embraced by managers and front-line officers, demonstrated by practitioners' articulation of the standards in case discussion and in case audit outcomes.</p>	<p>-We will undertake comprehensive review of practice standards. We will Re-launch practice standards and ensure policy hub version is always up to date. We will ensure case audits analyse compliance with practice standards -We will ensure all new staff will receive a briefing on practice standards</p>	<p>31/12/21</p>	<p>Deputy Director, Heads of Service, Policy team, Communications Team</p>

# Management support for better practice

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Principal Social Worker	Use of Research in Practice will be common place across the service	100% of staff registered are using RIP by usage breakdown. Audits demonstrate use of research and evidence-based practice	We will analyse RIP usage. -analysis of evidence based and research-informed practice through case audit	31/03/22	Research in Practice, Heads of Service
Head of Service, Quality Assurance	We will increase the effectiveness of case-related panels across the service, to support good decision making and reduce delay for children	Legal Gateway Panel, Exceptional Arrangements Panel, Permanence Panel and Weekly Care Panel have clear terms of reference, avoid duplication and are well understood by staff across the service. Children do not fall through gaps in decision making processes. All panel discussions are minuted, and provide robust scrutiny, assurance, and direction. New social workers can articulate the purpose and process for each pane	We will have a 6-monthly review of each panel and produce clear flowcharts for new staff	31/12/21	Legal Services; Business Support
All Heads of Service	Provide enhanced case supervision and welfare support for practitioners who are helping families where children are at risk from sexual abuse and exploitation	All managers will receive CSAFE training within 6m of being appointed. BRS will be able to provide case examples of enhanced support and reflective conversations with practitioners and managers where sexual abuse or exploitation is a concern. CP advisor tracking demonstrates positive impact of intervention and well supported practitioners	We will provide Child Sexual Abuse within the Family Environment (CSAFE) training for all managers -We will provide additional oversight from an independent specialist assessor -We will ensure BRS provide additional support and reflective case advice -Child protection advisor to track cases where CSAFE is an identified risk factor to consider the impact of the work being undertaken with all family members. The Head of Service and Service Manager are actively working to reduce high caseloads. -We will ensure CP Conference Chairs will consider management oversight and supervision in the audits for all review conferences, and within the Quality Assurance Framework of monthly case audits.	31/03/22	CP advisor

# Management support for better practice

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>MET Team Manager, HoS Young People</p> <p>All Heads of Service, Deputy Director</p> <p><i>Ofsted area for improvement (2021): The quality of supervision and management oversight of children on child protection and child-in-need plans.</i></p>	<p>We will strengthen the partnership oversight of Children at highest risk of exploitation/contextual harm.</p> <p>We will substantially improve managers' footprint on case records at key decision points</p>	<p>Monthly MET meetings demonstrate good attendance, collaboration and sharing of information/resources across agencies. Positive feedback from partners / stakeholders</p> <p>Case audits demonstrate good management oversight at all levels, in line with delegated responsibility for decision making, particularly at key decision making points</p>	<p>-We will have MET Case Review meetings will be half monthly -We will ensure clear plans for contextual safeguarding processes within D22 work. New contextual safeguarding processes will be developed</p> <p>We will introduce monitored management oversight inbox for HOS, DD and director case decisions, review and direction</p>	<p>31/03/22</p> <p>31/12/21</p>	<p>MET Case Review / MET Operational Group</p> <p>Business support</p>



# The right service at the right time

**LINKED SERVICE DELIVER PLANS:** MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
HoS Social Care, MASH Team Manager	There needs to be a good understanding by partner agencies of referral thresholds	Referrals evidence that partners understand children's services thresholds. Conversion rate from contact to referral significantly increase.	We will Re-launch a of continuum of need document and accompanying multi-agency briefings in line with D22 restructure	01/12/2021 threshold document re-launch	Safeguarding Children Partnership
HoS Social Care <i>Core Ofsted recommendation (2019):</i>  <i>Decision making in the MASH adheres to local guidance and children do not experience unnecessary statutory assessments.'</i>	We need to ensure that decision making in the MASH consistently adheres to local threshold guidance and children do not experience unnecessary statutory assessments	100% of new Partnership Navigators receive MASH Training	-We will monitor the Partners' MASH Navigator attendance at MASH Induction training We will ensure oversight and scrutiny of the number of contacts received and conversation to referral/assessment, with dip-sampling to review (e.g) efficient Information sharing to inform recommendations and decisions  -We will provide evidence of appropriateness of referral across all Referral sources Graded by: Immediate action is required Child is safe with further work required accuracy of data recording	31/12/2021	Safeguarding Children Partnership
HoS Social Care, Partnerships Team Manager	We will raise service and partnership awareness of procedures for notifying Local Authority	We will ensure 2 SCP training sessions per year are offered, 2 annual submissions to the CSL practice bulletin are made, annual report to SCP submitted, information provided to educational establishments.	We will ensure the completion of the actions/tasks.	31/03/22	Safeguarding Children Partnership, internal teams.

# The right service at the right time

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
HoS Young People	We will ensure children and young people at risk of exploitation receive the right support at the right time to reduce risk and promote good outcomes	We will ensure effective intervention with children at risk of exploitation. Workforce will be confident in identifying and responding to risks at earliest opportunity and specialist resources available for children at most risk	<ul style="list-style-type: none"> <li>-We will ensure the review and re-launch multi-agency planning pathway for children at risk of exploitation, including high level risk management and planning.</li> <li>-We will strengthen audit activity relating to exploitation and Improve data reporting on CE risk level</li> <li>-We will seek feedback from YP/parents on how they feel about their safety and the impact of support</li> </ul>	31/03/22	Safeguarding Children Partnership, Police
HoS Young People	We need to improve the partnership response to adults who exploit children	We can evidences a robust and assertive response to perpetrators of exploitation.	<ul style="list-style-type: none"> <li>-We will ensure a HIPS-wide meeting to consider partnership response to perpetrator's</li> <li>-We will incorporate data analyst role into D22 team structure and the new YP service will have a focus on reducing exploitative behaviour as well as supporting young people to reduce risk of harm</li> </ul>	31/12/21	Safeguarding children partnership. HIPS, Police
HoS Social Care and Early Help  <i>Core Ofsted recommendations (2019):</i>  <i>Decision making in the MASH adheres to local guidance and children do not experience unnecessary statutory assessments.'</i>	We will provide a swift and proportionate response to families who need early help, particularly those who are most in need of help	We will ensure 90% of Families are seen within 5 days of referral to EH	<ul style="list-style-type: none"> <li>-We will track the % of new referrals seen within 5 day through D22 ensure there is sufficient resource within the service to respond quickly to need, alongside robust step-down and referral processes</li> </ul>	31/03/22	MASH

# The right service at the right time

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p><b>Head of Education</b></p> <p><i>Ofsted area for improvement (2021):</i></p> <p><i>Visits to vulnerable children who are electively home educated (EHE).</i></p>	<p>We need to ensure that EHE cases within the priority cohorts of CP, CIN and YOS to be allocated an EHE Visitor, where appropriate and we will engage with families to provide appropriate support Ofsted recommendation</p>	<p>100% allocated and 100% of priority groups engaged</p>	<p>-We will increase capacity to work directly with EHE parents</p> <p>-We will capture the % of EHE cohort engaged and the % of new cases that are still EHE who have had initial engagement within the first 4 school weeks</p>	<p>31/12/21</p>	<p>Schools; Children's Social Care; Youth Justice</p>
<p><b>HoS Early Help</b></p>	<p>We need to be confident that the right cases are stepping up to and down from early help, at the right time, according to family need</p>	<p>Maintain baseline, which is 29% (Ofsted CHAT, November 2019). SE SLIP SN Quarter in last 12 months case audit provides confidence that decisions to step up/down are appropriate</p> <p>50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence good threshold decisions and outcomes for children.</p>	<p>We will monitor the % cases stepped down/up and strengthen case audit to include step up and step down thresholds including thematic audits to assess the quality of work for cases stepping down</p>	<p>31/03/22</p>	<p>Data Team</p>
<p><b>Service Manager, Early Years</b></p>	<p>We need to increase the take up of 'Funded Early Education' for all eligible 2 year olds</p>	<p>Target 80% 80% Nat Baseline 65%</p>	<p>We will promote the take up of provision across the service and with key stakeholders and communities.</p>	<p>31/03/22</p>	<p>EH Teams, Social Care Teams, Providers</p>

# Robust Corporate Parenting

**LINKED SERVICE DELIVER PLANS:** MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>Deputy Director/Service Managers</p> <p>Core Ofsted recommendation (2019)</p>	<p>Our matching, approvals, scrutiny and review of unregistered placements, and the care and welfare of children placed in such provision, will be robust. Social work support to children in these arrangement's will be effective.</p>	<p>The service practice standard is that unregistered provision should not be used. In circumstances where there is no alternative non-negotiable practice standards will apply. Files will evidence approval by deputy director or Exec Director, notification to Ofsted &amp; close oversight by operational and senior managers of plans &amp; ongoing placement search. Regular face to face visiting by SW team and scrutiny by placements team will be evident.</p>	<p>-We will urgently review all existing unregistered placements to provide assurance about: initial checks on the quality and safety of the placement; regular face to face visiting; Onsight scrutiny by placements team; that Ofsted has been advised; that registration status and progress has been verified by Ofsted</p> <p>We will ensure approval for any future unregistered placements will be sought by DD/Exec director with close oversight by</p> <p>-We will ensure any unregistered placement will be reviewed in weekly exceptional arrangements panel, chaired by HOS, from June 2021</p> <p>-We will ensure case audits will scrutinised compliance with this process</p> <p>-We will ensure that the placements team will check all such arrangements prior to each exceptional arrangements panel</p> <p>-We will ensure monthly briefing to DD and Exec director and notification to host authority in all cases</p> <p>We will review checklist for unregistered placements</p> <p>-We will ensure that confirmation of permissions / oversight process and checks with unregistered providers are managed We will ensure mandatory briefings for relevant staff on minimum expectations and good practice in relation to reg 24, PWP and unregistered placements</p> <p>We will ensure IRO case discussions take place at the onset of any unregulated, unregistered and PWP placement &amp; a care plan review will be arranged.</p> <p>We will undertake learning review of VB, share findings across the service</p>	<p>01/06/2021</p>	

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
<p>Deputy Director/Service Heads/Permanent Manager/Head of Service/IRO'S</p> <p>Head of Service/Service Manager</p> <p>Core Ofsted recommendation (2019)</p>	<p>Senior management decision making about placement with parents and emergency Reg 24 placements will be routinely evident and of good quality</p> <p>We need to ensure that care leavers have authorised care plans and they are good quality</p>	<p>Timely senior management decisions and oversight will be evident on the case records of all children who are in such arrangements. Data will be accurate, up to date and shared in the right forums to allow proper scrutiny. The service will be firmly held to account in respect of timeliness of approvals.</p> <p>We will be able to evidence the timely completion of good quality pathways plans 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence that pathway plans have clear outcomes with actions and timescales and are authorised</p>	<ul style="list-style-type: none"> <li>- We will urgently review all PWP and regulation 24 placements to ensure that approvals are in place for each child and properly recorded on Paris.</li> <li>-We will ensure regular checks by placements team, reported to weekly exceptional arrangements panel, will scrutinise senior managers' oversight of these arrangements.</li> <li>-We will ensure the review of performance and data reporting in respect of unregistered, PWP and reg.24 placements, must include report on number of unlawful connected carers placement at each period end. Corporate parenting. Reports to senior leadership team via learning and improvement panel and Improvement Board. additional scrutiny via assurance clinics</li> <li>-We will ensure mandatory briefings for relevant staff on minimum expectations and good practice</li> <li>-We will ensure case-by-case reviews of all children where approval is delayed</li> </ul> <p>We will use our performance data to monitor the completion rates of pathways plans. We will analyse the outcomes of management and This Child audits and use the findings to inform better practice.</p>	<p>01/06/2021</p>	<p>Comms team</p> <p>QA Unit</p>

# Robust Corporate Parenting

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Head of Service	<p>Assessments relating to children look after are good quality and impact is clearly measured. These children get the right help quickly.</p> <p>CORE OFSTED RECOMMENDATION</p>	<p>We will ensure significant improvement in % of CLA with authorised care plan (90% by Feb 2021</p> <p>50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green</p> <p>Where records evidence that assessment tools are used to good effect and children in need or at risk of neglect are assessed rigorously – using an evidence-based framework.</p>	<p>-We will work with performance team to ensure data accuracy</p> <p>-We will analyse audit outcomes and use these to reflect on and improve the quality of practice within the teams.</p>	01/02/2022	IRO Team; Business Support
Service Managers-Permanence/Head of Service	Unplanned Placement breakdowns	Unplanned placement breakdowns reduce by 25%	Introduce and embed placement disruption pathway to include targeted support for placements, better commissioning arrangements and good placement planning to prevent breakdown	01/01/2022	Placements team, commissioning unit, CIC service
Service Managers/Head of Service/Deputy Directors	We need to be confident that the right children are looked after	We will safely reduce the number of children becoming looked after and safely increase the numbers of children returning to family, creating a net reduction taking into account those who are turning 18	<p>-We will review care panel to ensure the right children are discussed and that there is appropriate attendance by partners.</p> <p>-We will improve the quality and intensity of support to children on the edge of care</p> <p>-We will strengthen care planning immediately after a child is accommodated to robustly consider options for return to family -</p> <p>We will increase the use of family groups conferences and strengthen the pathway for 16/17 yr old homeless yp to ensure they receive the right support at the right time, We will give LAC/Care Leavers access to website for advertising apprenticeships</p> <p>-We will capture the data in regards to the number of hits on LAC/Care Leavers website back to families project to identify and progress plans for children who can return from residential to a family setting and close scrutiny of children turning 18</p>	01/02/2022	Finance
Core Ofsted recommendation (2019)					

# Robust Corporate Parenting

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
IRO Service Manager	Children looked after will benefit from consistent relationships with their IROs	100% IRO capacity/ establishment - reliable data relating to IRO turnover and consistency of IRO relationships Target to be set when data report has been formulated.	-We will develop data reporting re IRO turnover and changes in allocated IRO -We will capture data of the Number of IROs allocated to a child since the child became Looked After		HR; Hays
IRO Manager	We need to improve the impact of IRO escalation and challenge across the service	We will use an Effective and Child centred CIC review process	All alerts are addressed within the 10 WD timescales, as per local policy		Operational Teams
IRO Manager/Deputy Director	We need to improve the timeliness of CLA reviews, reducing those that are postponed	Postponed CLA reviews will be rare	We will closely monitor the % of CIC Reviews scheduled in the month held within timescale and oversee this via assurance clinics		Data Team
Care Leavers Service Manager	Children in care and care leavers will benefit from detailed up to date care plans and pathway plans in which they are fully engaged	50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green  Where records evidence that the plan has clear outcomes with actions and timescales and records evidence that children have been heard	-We will ensure weekly data reporting on care plans and pathway plans to operational and senior managers. -We will ensure close scrutiny in assurance clinics		QA Unit
Participation Officer/Head of Service	We need to increase the engagement of children in care and care leavers in children in care council (Southampton Voices Unite) and corporate parenting forums	Engagement of children in care and care leavers at Southampton Voices Unite will continue to rise, with successful separation of juniors and seniors group. The interface between CLA and CL and corporate parenting committee will be meaningful. Informal mentoring relationships between CLA and councillors to be established.	-We will accurately record attendance of CLA and care leavers at the CIC council and review how these groups are publicised. -We will engage with CP and SVU to consider how to strengthen interface between the two	01/01/22	Operational Teams / Corporate Parenting Committee

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Service Managers- Fostering/Head of Service	We need to substantially increase the number of in-house foster carers	15 new carers per year, 155 mainstream foster carers at end of year, 3 new step across placements	<ul style="list-style-type: none"> <li>-We will ensure accurate recordings of applications, new carers and those who are de-registered</li> <li>-We will ensure additional resource in the team via marketing role</li> <li>-We will ensure targeting of carers for specific groups of children i.e. UASC -review of recruitment strategy</li> <li>-We will provide enhanced fostering provision through the 'step across' scheme (from children's home)</li> <li>-We will ensure additional marketing resource within the fostering service to support recruitment of new carers</li> </ul>		Data Team, Communications Team, Corporate Parenting Board, HR Service.
PACT Service Manager/Jigsaw Team Manager/LAC Team Manager	Practice in relation to children in care and care leavers is consistently benchmarked against our practice standards	Practice standards clearly articulate what is expected in relation to children in care and care leavers. Staff can confidently articulate their responsibilities.	<ul style="list-style-type: none"> <li>-We will update practice standards in line with consultation with teams and managers.</li> <li>-We will Introduce learning circles to embed good practice. Ensure learning from audits is shared across relevant parts of the service.</li> </ul>	30/10/2021	Operational teams
Quality Assurance Manager	We need to ensure that all of our policies, procedures and protocols relating to CLA are accurate, up to date and easily accessible by staff	Policies and procedures resources are up to date in line with good practice, understood by staff and in place via Tri X	<ul style="list-style-type: none"> <li>-We will ensure LA consultant to be recruited fixed term to update key policies and procedures. Final sign off or Tri X</li> <li>We will ensure all activity is covered off in the procurement of the new e-policy resource.</li> <li>-We will ensure all requirements will be clearly outlined in revised Policy Framework</li> </ul>	30/10/2021	Procurement Team



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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Quality Assurance Manager	We will ensure senior-level line of sight of improvement activity; progress against improvement plans and any ongoing practice issues	We will ensure that there will be regular reports to Learning and Improvement Panel, Improvement Board and Corporate Parenting Committee. These will include progress reports against the priority improvement plans, alongside the annual Lead Independent Reviewing Officer's report.		From 10th June 2021 Lead IRO report November 2021.	Data Team IRO Service
Quality Assurance Manager/Head of Service/Deputy Director	We will ensure that there is a clear service understanding of quality of practice with and the experiences of looked after children.	We will ensure that the quality assurance unit will work with the service area to scope and deliver a thematic audit of practice against the Ofsted ILACS framework and local practice standards.		30th September 2021	Data Team
Head of Service/LAC Team Manager	We need to ensure that the emotional and mental health needs of children in care and care leavers are met.	Emotional/mental health worker is successfully embedded within the Looked After Children and Care Leaver's Service. CIC and Pathway plan reviews and PEPs evidence that children's emotional and mental health needs are met	-We will identify and embed designated worker in the service -We will ensure that the relevant themed and this child audits consider the emotional wellbeing of children and young people with learning fed into the service	01/12/2021	Behavioural Resource Service
Performance Manager/LAC Team Manager/Head of Service	We will ensure that looked after children and care leavers' physical health needs are assessed and met	90% initial health assessments on time 80% of children with up to date dental check up	-We will ensure assertive engagement with health partners to ensure accurate data re IHAs -We will ensure targeted discussions with partners at HOS level to identify barriers to good performance -We will ensure continued discussion with health partners to identify resource to undertake catch up dental check-ups	01/02/2021	Health P'ship

# Robust Corporate Parenting

**LINKED SERVICE DELIVER PLANS:** MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Education Manager	We will improve the proportion of care leavers who are EET	40%	<ul style="list-style-type: none"> <li>-We will ensure accurate data</li> <li>-We will give LAC/Care Leavers access to website for advertising apprenticeships.</li> </ul>	01/12/2021	Education Service; Careers Service
Head of Service/Permanence Manager	<p>We will ensure Children have their LAC Reviews held within timescales</p> <p>We will improve timeliness of Long term permanency planning and matching</p>	80% of children will have a permanence plan in place by 2nd review	<p>We will accurately monitor the % of Children have a permanence placement plan by their 2nd review</p> <p>PACT and LAC</p> <p>Has the plan been achieved</p> <ol style="list-style-type: none"> <li>1. Date of 2nd LAC Review</li> <li>2. Timeliness of 2nd LAC Review</li> <li>3. % of positive response to current question: has permanence been achieved?</li> <li>4. % of positive response to current question: is there evidence of planning for permanence?</li> </ol>	01/01/2021	Data Team
Permanence Manager	We will improve the timeliness of children whose care plan is long term fostering being matched with their foster carers	90% of children with a plan of long term fostering will be matched with their foster carers within 18 months of placement.	<ul style="list-style-type: none"> <li>-We will have effective use of permanence panel</li> <li>-We will have close scrutiny and follow up of care plans for children by IROs</li> <li>-We will follow up the escalation by IROs where there are matching delays and have close oversight of children's plans for permanence in case supervision</li> </ul>	01/03/2022	LAC/Pathways, Data team, Business Support, IRO team

# Robust Corporate Parenting

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Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Permanence Manager	Timescales for children with a plan for adoption are in line with national average timescales at all points from plan for adoption to adoption order national average timescales.	At least national average timescales at all stages	<ul style="list-style-type: none"> <li>-We will closely monitor timescales at all stages in a child's journey.</li> <li>-We will ensure IROs and operational managers to identify and escalate delays or potential delays for children</li> </ul>	01/03/2022	Adopt South; Family Court
Head of Service	We need to ensure that care live in accommodation that is safe and that meets their needs	We will increase the percentage of Care Leavers in suitable accommodation to 81% Bed and breakfast accommodation will be an absolute exception for care leavers, with clear risk assessments and evidence of approval by HOS	<ul style="list-style-type: none"> <li>-We will review sufficiency strategy in relation to accommodation options for care leavers</li> <li>-We will ensure pathway planning to pay close attention to accommodation stability</li> <li>-We will assurance clinics for Pathways service to include suitable accommodation _Approval for B&amp;B at HOS level</li> </ul>	01/12/2021	Business Support Integrated Commissioning Unit; Housing

# A common practice framework

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
CP Advisor	We need to ensure that Strengthening Families child protection plans are child centred.	We want to be able to evidence that children are able to contribute to the Strengthening Families process.	We will capture the number of appropriate children who engage with CP Champions.	31/03/22	Business Support ; Child Protection Champions
HoS Social Care	All children attending an ICPC will have an allocated social worker within the PACT service prior to initial conference right service right time	100% of children subject to ICPC will have an allocated PACT SW by the time of the conference	-We will process for allocation of PACT social workers to children being presented at an ICPC will be adhered to. -We will ensure the allocation of PACT SW at the time of ICPC will be monitored by CP chairs and scrutinised in assurance clinics	31/12/21	Performance Manager
HoS Social Care, SSCP Chair	We need to be assured that our core group meetings are effective in ensuring that child protection plans progress.	We will be able to show that core group meetings are timely and quorate and are effective in either progressing child protection plans or dealing with barriers to plans progressing. Audit target: 50% good or outstanding – red 60% good or outstanding – amber 70% good or outstanding – green	-We will improve our data so that we can tracker core group timeliness better. Our audit programme will include a focus on the impact of core groups.	31/03/22	Safeguarding Children Partnership Data Team CCM Project Team

# Rigorous quality assurance

**LINKED SERVICE DELIVER PLANS:** MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
HoS, Quality Assurance	We need to ensure that there is independent verification of our quality assurance framework	We will be able to evidence that our quality assurance framework has been reviewed and scrutiny of the framework is built into the scrutiny panel schedule.	We will work with Hampshire Children and Families Service, our partner in practice to review our Quality Assurance Framework. There will be an annual quality assurance report to the Children and Learning scrutiny panel	31/12/21	Hampshire Children and Families Service
HoS, Quality Assurance	We need to engage with offers of external support to inform and implement our improvement plan for children and families.	We will be able to evidence engagement with Partners in Practice, Department for Education and the Local Government Association.	We will ensure representatives of PiP, LGA and DfE will be invited to the Improvement Board. -We will ensure the service will engage with the PiP improvement plan ( which includes focus on: residential and 16 / 17 homeless accommodation, management audit training, targeted audit activity (CIN), family safeguarding model). -We will ensure a DfE improvement advisor will be allocated to Southampton.	31/12/21	Department for Education Local Government Association Hampshire Children and Families Service
HoS, Quality Assurance	We need to ensure that audit completion is embedded in management practice	We will be able to evidence that 90% of audits allocated to managers have been completed	-We will confirm the 2021 / 22 audit programme. We will work with our Partner in Practice to deliver audit training for managers. -We will work with the different service areas to review and agree audit tools	31/12/21	Managers of Teams and Services (MOTAS)
HoS Quality Assurance, Partnerships Team Manager	We need to ensure the timely completion of child safeguarding practice reviews	We will ensure that 100% of reviews are completed within timescale	We will track the timeliness of review completion through the Serious Incident and Learning group. There will be regular reports to the Cabinet Member for Social Care.	31/12/21	Local Safeguarding Children Partnership

# Strong performance culture

**LINKED SERVICE DELIVER PLANS:** MASH; Early Help and Prevention; Assessment; Young People; SEND; Safeguarding; Looked after Children; Care Leavers Fostering; Quality Assurance

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Performance Manager	We need to review our core data set to ensure that the service is focused on the things that will make the most difference for children.	We will have a core data set that is used by operational teams, senior managers and the improvement board to track progress for children.	<ul style="list-style-type: none"> <li>-We will appoint a dedicated performance manager.</li> <li>-We will review the core data suite to ensure that it monitors compliance, volumes and timeliness and the effectiveness of outcomes.</li> </ul>	30/09/2021	Data Team
Performance Manager, Deputy Director	We need to embed a stronger performance culture across the service.	We will be able to show that managers are taking greater accountability for performance in their teams and that outcomes for children in key areas are improving as a result.	We will launch assurance clinics which will engage with the managers from the following areas: MASH and assessment, protection and court, looked after children and care leavers, fostering and children with disabilities.	30/09/2021	Data Team

Responsible Officers:	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Deputy Director	We need to recruit and retain good quality social workers; to ensure that children and families benefit from consistent support, delivered by staff with whom they have strong and effective relationships.	We will be able to evidence: a reduction in staff absence; a reduction in the number of agency staff; an increase in permanent social workers and an increase in the average caseload across core service areas.	<ul style="list-style-type: none"> <li>-We will respond to the staff survey, testing progress out through our staff reference group.</li> <li>-We will increase the number of social workers we appoint through apprenticeships, Step Up to Social Work, Frontline, Tripod and NQSW recruitment.</li> <li>-We will reduce caseloads in the service to 18 per social worker.</li> </ul>	31/03/22	Human Resources; Communications Team; Improvement Board Partners
Principal Social Worker	We need to launch our Workforce Academy as the vehicle to ensure consistent professional knowledge, expertise and confidence in our practice framework.	We will be able to assure ourselves that our frontline practitioners, managers and partners have been supported to develop professional confidence in our common practice framework and that we have evidence that it is making a difference for children and families.	<ul style="list-style-type: none"> <li>-We will launch the workforce academy, practice framework and standards, Southampton Focus 5, practice weeks and induction programme.</li> <li>-We will confirm the budget for and commission the practice framework training programme.</li> <li>- We will implement the training programme for staff and partners, monitoring progress through the Making the Difference Board.</li> <li>-We will use our audit programme to assure ourselves that practice is improving.</li> </ul>	01/10/22	Safeguarding Children Partnership, Finance, Learning and Development, Policy Team, Procurement, Tri-X

Responsible Officers	What we want to do differently or better?	What is the Outcome we want to achieve?	The actions we will take to achieve this	When will we achieve this by?	The key partners are
Performance Manager, HoS Quality Assurance	We need to ensure that good social work practice is supported effectively by all relevant council functions / services.	We will be confident that the service receives good business, HR, communications and data support	-We will ensure the service will be allocated dedicated HR and communications support. - We will ensure a formal review of business support that is provided to the service. The new performance manager will review data support and analysis with the data team	31/03/22	Business Support Services Human Resources Data Team Comms Team Project Team
Performance Manager, Executive Director	We need to implement our new case management system, Care Director to support better social work practice.	We will be able to evidence that as a result of Care Director implementation the quality of social work practice and recording improves; staff express a high level of satisfaction in the new system and better data collation and analysis is supported.	-We will ensure governance / oversight of project implementation through the project board and operational group. - We will involve teams and services in system design and testing. We will ensure data integrity before the transfer of data into the new system and data repository. -We will ensure that the system development is informed by the Destination 22 programme, inspection feedback and service self evaluation.	31/03/22	ICT / Care Director Provider



# Measures that Matter

# Measures that matter

Measure	Baseline	Actual (September 2021)	Target	Outcomes
<ul style="list-style-type: none"> <li>• Number of referrals to EH</li> <li>• Number of cases open to Early Help</li> <li>• Percentage of re-referrals to EH</li> <li>• Percentage of cases closed in the month due to families disengaging</li> <li>• Number of referrals that were stepped down from CSC to EH</li> <li>• Number of EH cases closed in the month that were stepped up to CSC</li> </ul>				
<ul style="list-style-type: none"> <li>• Number of children's contacts in the month</li> <li>• Percentage of contacts that led to NFA</li> <li>• Number of referrals in the month</li> <li>• Number of referrals per 10k</li> <li>• Percentage of re-referrals in the month</li> </ul>				
<ul style="list-style-type: none"> <li>• Percentage of Assessment s completed in the month that were NFA</li> </ul>				
<ul style="list-style-type: none"> <li>• Number of CLA at end month</li> <li>• CLA per 10,000</li> <li>• Percentage of CLA whom a visit has taken place within statutory timescales</li> <li>• CLA with an update review</li> <li>• CLA with an update to date care plan</li> </ul>				

# Measures that matter

Measure	Baseline	Actual (September)	Target	Outcomes
<ul style="list-style-type: none"> <li>• Number of Open cases at the ned of the month</li> <li>• Number of CIN on a plan</li> <li>• Number of CPP</li> <li>• Number of CPP per 10,000</li> <li>• Number CLA</li> <li>• Number of CLA per 10,000</li> <li>• Percentage of CIN on a plan visits in timescale</li> <li>• Percentage of CLA visits in timescale</li> <li>• Percentage of CPP reviews in timescale</li> <li>• Percentage of CLA reviews in timescale</li> <li>• Percentage of care leavers with an up to date Pathway Plan</li> <li>• Percentage of 17-21 Care Leavers who are NEET</li> </ul>				
<ul style="list-style-type: none"> <li>• Percentage of cases with an up to date supervision</li> <li>• Number of Audits in the month</li> <li>• Percentage of Audits good or better</li> </ul>				
<ul style="list-style-type: none"> <li>• Number of SW's with caseloads above target</li> </ul>				

**Improvement Plan 2021 - 22**  
**Southampton Children and Learning Service**  
**September 2021**

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